Table of Contents

Purpose

The Barwon Health Human Research Ethics Committee (BH HREC) will carry out the functions of an institutional ethics committee, consistent with the NHMRC National Statement on Ethical Conduct in Human Research (2007) (the National Statement) and its successor. The BH HREC will ensure that human research undertaken at Barwon Health and affiliated institutions conforms to the highest ethical standards and conforms to the statutory requirements of State and Federal legislation.

The purpose of this document is to describe the procedures to guide and promote good ethical review for the BH HREC.

The BH HREC will apply and promote the values that underpin ethical research conduct: respect for research participants, research merit and integrity, justice and beneficence as outlined in the National Statement, by ensuring that all members of the BH HREC are familiar with the National Statement and apply these values in the review of human research. The BH HREC is supported by the Research Ethics, Governance & Integrity (REGI) Unit, an organisational unit of the Barwon Health Research Directorate.

Target Audience

Human Research Ethics Committee members, ResearchEthics and Govenenace Unit,

Definitions

Informal complaint – an informal complaint is a verbal expression of dissatisfaction that can be dealt with promptly and to the reporter's/complainant's satisfaction at the point of service (informal complaints do not need to be recorded).

Formal complaint – a formal complaint includes all written incident reports or complaints and any verbal complaints that cannot be dealt with as informal incidents/complaints.

Formal complaints should be recorded in the Research Complaints Register and reported to the relevant committee. A written file note of the complaint should also be placed in the relevant file associated with the research project. Formal complaints related to human research should also be reported to the NHMRC's AHEC as part of the HREC Annual Report.

Procedure

Application of Values and Principles

The role of the BH HREC is to ensure that all research:

- Has scientific and social merit;
- Has potential benefits that outweigh the risks;
- Adopts appropriate research methods;
- Is based on review of the current literature;
- Ensures respect for and the safety of participants;
- Is conducted and supervised appropriately, and is carried out with integrity; and,
- Represents a just allocation of benefits and burdens.

Research Review Process

In order to ensure consideration of research applications and whether they exemplify the principles articulated in the National Statement, the following steps are undertaken:

- At least two reviewers will be appointed to undertake a thorough review of the research proposals submitted to the HREC at each meeting and to 'marshal' these projects through the full committee review;
- These two reviewers will provide an in depth review from different perspectives and present a discussion of the proposed research to the full committee;

- After both reviewers have had the opportunity to discuss the research proposal and any concerns or questions, discussion is opened to the full committee with the expectation that at least one member from each category provides a formal comment on the ethical acceptability of the proposed research;
- Additional expertise from outside the HREC membership could be sought from appropriate persons where necessary; and,
- Reviewers and all committee members are provided with a BH HREC Review Guide which serves as a prompt to consider the extent to which the research under review reflects the key principles and values outlined in the National Statement. The use of this review guide is strongly encouraged and completed review guides will be retained by REGI as a supplement to the BH HREC meeting minutes.

Assessment of Risks and Benefits

The BH HREC will uphold and promote the values and principles underpinning ethical research conduct by ensuring an appropriate assessment of the risks and benefits involved in all research proposals, and that these risks and benefits are appropriately communicated to participants.

Risk is defined as the potential for harm, discomfort, or inconvenience and is qualified in terms of the likelihood of harm occurring, and the severity of the harm, including its consequences.

Section 1 of the National Statement requires that the risks of harm to research participants, investigators, the institutions involved, and others, be assessed.

Research is ethically acceptable only if the potential benefits outweigh and justify the risks involved in the research. To ensure an appropriate assessment of risk is undertaken, the BH HREC must specifically determine the appropriateness of the project based on the justification provided.

Any risks and benefits associated with the proposed research project must also be appropriately communicated to participants to ensure that a person's decision to participate is entirely voluntary, and based on sufficient information. This communication must occur through the use of a 'Participant Information and Consent Form' which conforms to the National Statement guidelines (2.2.6 (a) – (m)) and standard requirements of the institution.

Type of Review

Human research conducted at or under the auspices of Barwon Health is defined by 3 categories (levels of risk) which determine the process for submission and review. The BH HREC ensures that the review of low and negligible risk research activities is expedited, and that such research receives appropriate research governance at all times.

Categories

- Negligible risk research: Research where there is no foreseeable risk of harm or discomfort; and any foreseeable risk is no more than inconvenience. Where the risk even if unlikely, is more than inconvenience, the research is not negligible risk.
- Low risk research: Research where the only foreseeable risk is one of discomfort. Research in which the risk for participants is more serious than discomfort is not low risk.
- Greater than low risk: Research where the level of risk is more serious than discomfort i.e. harm; including physical, psychological, devaluation of personal worth, social, economic and legal harm.

The National Statement gives further guidance on potentially vulnerable research participants and the types of research procedures that might involve greater than low risk (see Section 2 and 3, National Statement).

Different 'categories of risk' determine which application form should be completed and the appropriate type of ethical oversight (see the BH REGI website for more information).

Greater than low risk research will undergo a two-step review:

1. Review for scientific merit and validity
   Undertaken by two members of the BH Research Review Committee. This is a 'virtual' committee and meets only at the request of the RRC chair or the HREC chair. RRC reviews are conducted out of session and written feedback is provided to researchers and to HREC members, via the REGI office, prior to the next HREC meeting. Researchers have the opportunity to revise their applications following the RRC review and prior to HREC review.

   All comments from the BH RRC will be documented and filed within REGI. All decisions of the BH RRC must be formally noted at the next available BH HREC meeting and formally documented within the minutes.

2. Ethics Review
   Following RRC review high risk projects are submitted for review by the full HREC.

Low risk research

- Low risk projects proceed to the BH HREC for <u>both</u> scientific and ethics review.
- The RRC is authorised by the BH HREC to provide out of session review and approval to low risk research projects seeking expedited review.

Applications must be submitted by researchers in the appropriate format and must include all required documentation. Closing dates for receipt of HREC applications as well as guidelines to assist applicants in the preparation of their applications are available to applicants on the REGI website

Negligible risk research is reviewed out of session by the REGI office (and members of the BH RRC where appropriate) and ratified at the following BH HREC meeting. Negligible risk research is exempt from full committee review and may be submitted on any date (no applicable deadline) for review by the REGI Unit.

Research Governance Review
Research governance is defined as the regulations, principles and standards of good practice that exist to achieve, and continuously improve, research quality. All low risk and greater than low risk will also undergo research governance review as outlined on the REGI website.

HREC Committee

Composition

The BH HREC is constituted and functions in accordance with the National Statement. The minimum membership of an HREC is eight core members including the Chair. As far as possible there should be equal numbers of men and women, at least one third of the members should be from outside the institution for which the HREC is reviewing research. Furthermore, for a meeting to be quorate, the minimum membership must include:

- A chairperson, with suitable experience and whose other responsibilities will not impair the HREC's capacity to carry out its obligations under the National Statement;
- At least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work;
- At least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional;

- At least one person who performs a pastoral care role in a community, for example, an Aboriginal elder or a minister of religion;
- At least one lawyer, where possible one who is not engaged to advise the institution; and
- At least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.

The role and membership of the BH RRC are outlined in the BH HREC Terms of Reference.
The Committee must also operate according to ICH Good Clinical Practice Guidelines and applicable regulations.

Documentation confirming the composition of the Committee must remain publicly available via the internet at all times; the names of Committee members must be published in the annual research report of the institution.

Appointment of BH HREC Members

Members of the Committee are appointed to fill a vacancy or to expand membership as appropriate. All positions within the BH HREC will be advertised in line with institutional Human Resources procedures.

Advertising will occur internally for all positions other than for Legal Representatives and Community Representatives to ensure candidates are external and do not have an existing association with the institution. The institution may use discretion when determining the most appropriate way of advertising for HREC vacancies to ensure targeting of people with the required expertise.

Candidates will be assessed for suitability against selection criteria as per institutional Human Resources procedures, and interviewed. The interview panel may be determined using discretion, but must include the Chair of the Committee.

Upon selection, a letter will be sent to the Chief Executive Officer requesting formal endorsement for a three year term of appointment. Following endorsement from the CEO, a formal letter will be sent to the incumbent as confirmation of appointment.

Prior to the commencement of duties, all members will undergo an induction process and may be invited to observe a meeting. All members must sign a declaration (termed the “Acceptance of Appointment”), to confirm they understand their roles and responsibilities and the requirement related to declare conflicts of interest, to maintain confidentiality and privacy and the application of the National Statement to the ethical review of proposed research.

Members may seek reappointment upon completion of a three year term, with further endorsement from the CEO and formal notification of reappointment.

Induction of New BH HREC Members

When candidates have been formally appointed to a term of membership to the BH HREC, participation in a formal induction process must occur prior to the commencement of duties. All new members will be given an ‘induction pack’ and associated documents, including the National Statement and the Australian Code for the Responsible Conduct of Research (2007).

The Chair of the HREC and a representative from REGI will meet with all new members to formally discuss the induction pack and the activities of the Committee. This also provides an opportunity for new members to ask questions regarding the ethical review process. All members must sign an acceptance to confirm they understand their roles and responsibilities.

Responsibilities of HREC Members

Each member of the BH HREC is responsible for deciding whether in his or her judgement a proposal submitted to the Committee meets the requirements of the National Statement and is ethically acceptable. To fulfil these responsibilities each member must:

- Be familiar with the National Statement;
- Use the National Statement to inform and guide the process of review, providing references where applicable;
- Seek and consult other guidelines (as applicable) relevant to the review of specific research projects;
- Read all of the application documents distributed, and attend scheduled meetings of the Committee;
- Formally notify the HREC Secretary of attendance;
- Attend continuing education and/or training programs in research ethics at least every two years;
- Maintain the confidentiality of all research proposals and HREC related activities;
- Ensure the appropriate disposal of HREC documents by returning all paperwork to the HREC Secretary after each meeting;
- Formally declare any potential conflicts of interest as soon as practicable and at the start of each meeting; and,
- If any members of the HREC are an investigator listed on a research project under review, the member must declare a conflict of interest and must not be involved in the review/approval process.

Training for HREC Members

To ensure all Committee members are appropriately trained to perform an ethical review of research, HREC members must attend continuing education or training programs in research ethics at least once, every two years. This may be an internal training session, or a local, interstate or national conference.

All members have the opportunity to access funding to attend such training sessions (where available). Upon completion of external training, members will be encouraged to provide a brief report to the BH HREC at the next meeting as a measure of information sharing.
A record of attendance at training will be kept within REGI.

HREC Meetings

The BH HREC will meet on Wednesday evenings monthly from February to December.
All members are expected to attend each meeting,
However, if an apology is necessary all members are given the opportunity to provide written comments for discussion at the meeting.
Members that are unable to attend a scheduled BH HREC meeting should:

- Provide a timely apology; and,
- Submit a written review of the research proposal, highlighting any ethical issues or questions, to the HREC Secretary before the meeting.

Meeting Papers

All applications submitted on or before the deadline for each month will be included on the RRC and BH HREC agendas and reviewed at these meeting respectively.

The agenda and associated documents, including the Application Form, Participant Information and Consent Form, Research Protocol and any advertisements, survey instruments and other documents associated with the proposed research will be circulated to all members in hard copy and/or electronically via drop box. A research application ‘Review Guide’ must also be distributed to Spokespersons. Environmental impact should be reduced where possible.

Decision Making:

The BH HREC and RRC should ensure that efficient and transparent processes are followed when making and communicating decisions.

Decisions about whether a research proposal meets the requirements of the National Statement must be informed by an exchange of opinions from each of those who constitute the minimum membership of the Committee. The minimum membership must be met in order to ensure a quorum is met.

- All exchanges of opinions should take place at a Committee meeting with all those members present. When there is less than full attendance, the Chair must be satisfied, before a decision is reached, that the minimum membership have received all documentation and have had the opportunity to comment.
- All comments must be received in writing, and subsequently tabled at the meeting. This procedure complies with section 5.2.30 of The National Statement.
- The Principal Investigator and/or research team may also be invited to the meeting to promote efficient communication, and allow a comprehensive discussion of concerns.
- Investigators may also opt to request attendance during the discussion of their protocol to address any concerns; however, investigators must not be present during the decision-making process.
- Expert opinion may also be sought at any time, including from other HRECs who have reviewed the application in question.

The HREC will endeavour to reach decisions by general agreement; however this does not require unanimity. If the HREC encounters divided opinion, the Chair will call for a vote by the raising of hands both for and against the decision in question. That with the greatest number of votes will be accepted as the formal decision. This will be minuted accordingly.

Amendments and Reports

The review of amendments to approved research projects will be delegated to two HREC reviewers (and additional reviewers with relevant expertise where appropriate), for out of session review. All decisions for the out of session approval of amendments must be tabled and ratified at the next available HREC meeting.

Annual reports and final reports will be reviewed out of session By REGI r e and tabled and ratified at the next available HREC meeting.

Expert Opinion:

On occasion, individuals with little to no affiliation with the BH HREC may be invited or request to attend one or more the BH HREC meeting.

The BH HREC may access professional expertise as necessary to enable it to address any ethical issues arising from any research under consideration. This may necessitate going outside the current membership, and / or outside the institution.
Expert opinion may also be sought from other HRECs who have reviewed the application in question. This decision (including the reviewer to be approached) will be made at the discretion of the HREC and / or Chair at any time, and will be communicated in writing to the Investigator prior to expert review.

In the event that an external opinion is sought, an Expert Opinion Agreement should accompany the request, accompanied by a formal covering letter reiterating the requirement to maintain confidentiality and declare conflicts of interest. A request for the return of all confidential documents must also be included. A formal declaration must also be signed by reviewers approached for Expert Opinion (termed the “Expert Opinion Agreement”), to confirm they understand their responsibilities in terms of declaring

conflicts of interest. If a conflict of interest is identified, the reviewer must not provide an expert opinion, and an alternative must be found. The recommendations detailed within the expert review will be formally communicated to the BH HREC before a formal decision is made. Such discussions will also be formally documented within the minutes.

If the expert is external to the institution, evidence of an appropriate level of professional indemnity must be obtained prior to providing an opinion, in line with the Victorian Managed Insurance Authority Clinical Trial Guidelines. All reviews must be formally recorded within the Research Ethics, Governance & Integrity Unit database for accountability. The external opinion will be requested in writing, and filed appropriately post review.

Observers:

On occasion individuals with no affiliation with the BH HREC may be invited or request to attend one or more the BH HREC meeting as observers, for example, for training, bench marking or research purposes.

All HREC observers must sign a declaration to confirm they understand the requirement to declare conflicts of interest, and to maintain confidentiality and privacy.

Meeting Minutes

At each HREC meeting, detailed minutes must be recorded by an allocated administrative officer who is not a member of the committee.

- The minutes must include a detailed account of the discussions that have occurred and any resulting decisions specific to the approval status (including approval, approval subject to amendment, or rejection, and any delegation of authority to review the response).

- The minutes should include reference to the National Statement to justify the decision making process.

- If the HREC is unable to review all applications listed on the agenda, a subsequent meeting may occur. Otherwise, excess applications may be deferred to the next monthly meeting. The HREC will provide a directive as to whether the investigator's response should be considered at the following meeting or whether authority will be delegated to the Chair/Spokesperson to consider the response. If the response is administrative or relates to governance issues only, delegation to review the response may also be given to the HREC Secretary. These decisions will be formally recorded in the Minutes.

- If authority is delegated to the Chair/Spokesperson, approval may be issued upon receipt of an appropriate response. Alternatively, it may be decided that the response should be considered at the next HREC meeting. If authority is delegated and approval is issued out of session, such decisions must be tabled and ratified at the next available HREC meeting.

Communication with Researchers

The Principal Investigator will be notified in writing of the outcome of ethical review. This must occur as soon as practicable following the HREC meeting, and no longer than 5 working days following the meeting (as per the HREC TOR). Documentation must include the study title, the HREC reference number, the approval status, and a clear summary of required amendments (as required).

Responses from the investigator/s must be in writing (responses may take the form of clarifications, agreement to protocol modifications, appeal against protocol modifications, requests for further information or advice).

For Commercially Sponsored research, all communication relating to ethical matters must be communicated through the site Study Coordinator. Direct contact between the Sponsor and the HREC or delegate is only appropriate for administrative matters.

Timelines for Ethical Review

The time taken to review and / or approve research protocols and associated documents is at the discretion of the Chair/Spokesperson, but must remain as short as possible. Members of the HREC, the HREC chair and REGI are jointly responsible for ensuring that efficient and timely review of research is carried out.
When a decision is delayed: The reasons will be recorded in the minutes and investigators will be notified in writing of the reasons / queries.

Distribution of the HREC agenda will occur within 5 working days of the application closing dates. This will ensure members are given a minimum of 5 working days to consider the meeting documents. Decisions will be recorded in the minutes which will be completed and circulated to the Chair and HREC for approval within 5 working days of the meeting. The investigator will also be notified in writing of the HREC decision within 5 working days of the meeting.
All additional documents that are submitted for review and approval outside of session, including protocol amendments, annual review forms and other documentation, must be actioned within 5 days of receipt.

Key Performance Indicators

REGI and HREC key performance indicators will be recorded and reviewed at least annually to assess the time taken to review research from receipt to approval, which includes REGI handling time and research team response times. These KPIs will be reported to the HREC at least annually. KPIs will also be reported to the BH Board at least annually.

Record Keeping

The following outlines the procedure for the preparation and maintenance of records of BH HREC's activities.

REGI prepares and maintains electronic records of the HREC activities, including agendas and minutes of all meetings of the HREC.

REGI prepares and maintains a confidential electronic record for each application received and reviewed and records the following information:

- Unique project identification number;
- Principal Investigator(s);
- Title of the project;
- Ethical approval or non-approval with the date;
- Approval or non-approval of any changes to the project;
- Terms and conditions, if any, of approval of the project;
- Relevant legislation for the privacy of personal and/or health information data;
- Whether approval was by expedited review, based on prior review or SERP;
- Action taken by the HREC to monitor the conduct of the research; and
- Formal advice on the final ethical approval or rejection with relevance to the National Statement.

Files for applications contain a copy of the application, including signatures (scanned or electronic), relevant correspondence (including that between the applicant and the BH HREC), all approved documents and other material used to inform potential research participants.

All relevant records of the HREC, including applications, membership, minutes and correspondence, will be kept as secure confidential electronic files in accordance with the requirements of the. Health Records Act 2001 (VIC) and Privacy and Data Protection Act 2014 (NO. 60 OF 2014). (VIC).

To ensure confidentiality, any documents provided to HREC members, which are no longer, required, are disposed of in a secure manner, such as shredding or placed in confidential bins. BH HREC members & expert/invited reviewers who do not have access to secure disposal give their documents to REGI for disposal.

Data pertaining to research projects is held for sufficient time to allow for future reference. The minimum period for retention for non-clinical research is at least 7 years following the completion of the research or termination of the study. Clinical research records will be retained for 15 years following the completion of the research.

Identifiable health research data involving minors, may need to be retained until the individuals turn 25 years of age

The database of all the applications received and reviewed is maintained in accordance with the NHMRC National statement on ethical conduct in human research (2007) - updated May 2015.

Documentation and Record Management

All activities of the HREC, including the process and outcome of ethical review, must be documented and recorded appropriately. The HREC may approve, request amendments, or reject a research proposal on ethical grounds. It is the responsibility of the investigator to submit all of the application documents, including an Application Form (Exemption, LNR or NEAF, including SSA), Participant Information and Consent Form, Protocol and / or Investigators Brochure (as applicable) and other material that relate to safety or that is used in recruiting potential research participants, including advertisements, letters of invitation etc. All documents must be approved by the BH HREC before use.

REGI must maintain a record of all research proposals received and reviewed, including:

- Name/s of the institution/s to which the research approval is provided;
- Project identification number/s (including protocol number and HREC reference); Name/s of principal researcher/s;
- Title of the project;
- Correspondence between the review body and the researcher about the review;
- Approval or rejection of any amendments to the project;
- Proposed date of commencement and completion of the project;
- Formal advice of approval status, including the period of approval; Terms and conditions, if any, which apply to the approval of any project;
- Duration of the approval;
- Name of any other review body whose opinion was considered (including legal/privacy);
- Mechanisms to be used to monitor the conduct of the research; and
- Commonwealth, State or Territory legislation or guidelines relating to privacy of personal or health information.

Research records will be stored and managed electronically via a database.
REGI will retain all study related documents on behalf of the HREC for a minimum of 15 years (commencing from the completion of the study), with all minutes and associated documents retained indefinitely. All electronic documents are password protected, with access limited to staff of REGI. No other member of staff will have access to electronic files without authorisation.

Where external opinion/advice is sought, an expert opinion agreement and formal covering letter must be included, reiterating the requirement to sign a BH confidentiality agreements and the return of all confidential documents.

Monitoring Approved Research

The BH HREC will monitor approved research projects to verify that the conduct of research conforms to the approved protocol to ensure that the rights and welfare of research participants are protected.

Investigators are required to submit a detailed annual progress report within 60 days of the annual anniversary of the approval. Receipt and approval of a written annual progress report is a condition of ongoing approval, as stated on the letter of final approval. To facilitate this processing of annual reports, a reminder letter will be sent to investigators from REGI approximately one month prior to the due date.

For outstanding reports, a subsequent reminder letter will be sent one month after the due date advising that urgent attention is required. If the report is not submitted within 60 days of the annual anniversary of the approval, ethical and/or governance approval may be withdrawn. If the study has been approved via the multisite approval pathway, the lead site is responsible for submitting an annual progress report for each site to the reviewing HREC. This involves collecting and submitting an annual report from each participating site covered by the ethics approval (as listed on the approval letter). Each site should also ensure that a copy of their annual progress report is forwarded to their local research governance office as per their local requirements. Annual progress report will be submitted and recorded electronically via the database.

If the research is discontinued, a final report is required which details the circumstances surrounding the discontinuation, and a summary of progress. A final report must also be submitted on completion of the research and/or the site closure.

Audits

To promote attention to ethical conduct and compliance with the National Statement REGI has introduced Research Self Audits. These short tick-box audits should be completed by researchers and serve as an aid to the research governance officer by identifying projects or departments that might benefit from assistance.

REGI and the BH HREC advise that the principle investigator should complete the self audit after discussion with the study team complete and submit the completed tool with the projects annual Progress Report.

Research teams that do not submit annual research self-audits may be identified for a comprehensive research audit conducted by REGI.

REGI will also conduct periodic random file audits, ideally at least one per quarter. An approved study will be randomly selected from the REGI database. The Investigators will be notified via email that an audit will be performed, and that all files must be made available at a mutually convenient time.

The REGI manager (and/or delegate) will conduct an audit, focusing on information specific to the documentation of participant consent, security of records, adherence to the approved protocol, and the quality of documentation/record keeping.

Protocol Deviations and Violations

In the event that researchers or sponsor-initiated monitoring activities reveal deviations from the approved protocol, or any conduct that affects the ethical acceptability of the study, the BH HREC must be notified in writing as soon as practicable. All notifications will be reviewed by BH HREC chair and/or the Director of Research as required.

When a decision is made to terminate or suspend a previously approved protocol, the reasons will be recorded in the minutes and the investigator will be notified in writing of the reasons for the decision and actions that can be taken to discuss the situation further.

Safety Reporting

The BH HREC will ensure that that safety reporting requirements are adhered to. This section outlines the responsibilities of all parties in relation to reports of adverse events (AE), including serious adverse events (SAEs) and suspected unexpected serious adverse reactions (SUSARs), occurring in research projects.

- A serious adverse event includes any untoward medical occurrence that: results in death, is life threatening, requires in-patient hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability/incapacity, is a congenital anomaly/birth defect

The reporting requirements are specific to the type of approval given, as follows;

Single Site Approval

For single site studies ethically approved by the BH HREC, the following must be reported:

- All SAEs involving Barwon Health Research participants must be reported to the BH HREC Drug and Safety Sub-committee (Drug and Safety Committee) and the Sponsor within 24 hours.
- All SAEs or SUSARs which impact upon the continued ethical acceptability of the trial which the PI determines has site impact (as outlined on the REGI Guidelines for Safety Monitoring and Reporting available on the REGI website), including; those that necessitated or indicate the need for a change to the trial protocol and/or changed safety monitoring in the view of the investigator or sponsor, must be reported to the Drug and Safety Committee and Sponsor as soon as possible.
- A six monthly line listing of all SUSARs (both Australian and International) including sponsor and investigator comment about whether action is planned for the trial on the basis of the reports (EU format is acceptable).
- An annual update of the investigators brochure, or product information (for products which are approved in Australia, or where an IB is no longer maintained)

Multisite Approval Procedure

For multisite studies ethically approved by BH HREC, the following must be reported:

- All potentially related, possibly related and definitely related SAEs involving patients at the sites listed on the ethical approval letter issued by BH HREC
- All SAEs involving Barwon Health patients
- All SAEs or SUSARs which impact upon the continued ethical acceptability of the trial (including; those that necessitated or indicate the need for a change to the trial protocol and/or changed safety monitoring in the view of the investigator or sponsor) must be reported to the BH HREC and Sponsor as soon as possible
- A six monthly line listing of all SUSARs (both Australian and International) including sponsor and investigator comment as to whether action is planned for the trial on the basis of the reports (EU format is acceptable)
- An annual update of the investigators brochure, or product information (for products which are approved in Australia, or where an IB is no longer maintained)

For multisite studies given governance authorisation by the REGI Research Governance Officer, the following is required:

- Report within 24 hours any SAE which is possibly, probably or definitely related to participation in a clinical trial; report to RGO any other safety issue where the PI determines there is local site impact
- Submit IB updates and protocol deviations along with central HREC approval
- All other safety reporting to RGO is only required when the PI determines there is site impact. It is the responsibility of the lead site to submit all SAEs to the reviewing HREC.

General Requirements

- All adverse event reports must be submitted using the Department of Health and Human Services (DHHS) templates which are publicly available on the DHHS website.
- All BH HREC safety submissions will be reviewed by the Drug and Safety Committee and formally acknowledged in writing. Additional information may be requested and further investigations may be initiated by the BH HREC.
- Reports of serious adverse events, or which relate to a claim made against the Hospital/Institution or a member of its staff and/or the occurrence of circumstances which may subsequently give rise to a claim against a Hospital/Institution, must be reported to the VMIA in accordance with the provisions of the VMIA Public Liability and Medical Indemnity Policies. Failure to give proper, prompt notification of any circumstance likely to give rise to a claim or the making of a claim may compromise insurance coverage for the Hospital/Institution and/or a member of its staff. It is the responsibility of the PI to report these items to VMIA.
- Serious adverse events which are possibly, probably or definitely replated to the drug/device, or which require a change to the Participant Information and Consent Form or the conduct of the Trial should be promptly notified to the VMIA.
- All documentation will be retained on file by the Research Governance Unit.

Complaints Handling

This section sets the processes for managing complaints about research undertaken at or under the auspices of Barwon Health. Complaints may be made about researchers or the conduct of research or about the conduct of a research-related committee or other review body. Complaints may be made by research participants, researchers, staff or others. All complaints should be handled promptly and sensitively.

Research Misconduct

The The Australian code for the responsible conduct of research 2007 defines research misconduct as follows:

A complaint or allegation relates to research misconduct if it involves all of the following:

1. An alleged breach of this Code;
2. Intent and deliberation, recklessness or gross and persistent negligence;
3. Serious consequences, such as false information on the public record; and
4. Adverse effects on research participants, animals or the environment.

Research misconduct includes fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting the results of research, and failure to declare or manage a serious conflict of interest. It includes avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk or harm to humans, animals or the environment. It also includes the wilful concealment or facilitation of research misconduct by others.

Complaint management

Complaint management must be sensitive towards the rights, needs and concerns of reporters, complainants, patients, research participants, researchers and administrative staff. Complaint management must comply with the, Privacy and Data Protection Act 2014 (NO. 60 OF 2014) (VIC) and the Health Records Act 2001 (VIC).

- All reporters, complainants, patients, research participants and investigators have a right to report or complain either in person or through a representative.

- All complaints should be managed in a timely and sympathetic manner and be treated confidentially.

Procedures: Complaints will be recorded on the Research Complaints Register, held with REGI. The register includes information to track the progress of the complaint and provide a history of all referrals and action taken, as well as dates of receipt and resolution of the complaint. The decision as to whether an incident/complaint is minor or serious will be made by the Independent Participant Representative in consultation with the Chair of the relevant committee and where necessary, the Director of Research (or equivalent). For human research, information regarding the contact person for complaints should be included in the Participant Information and Consent Forms

Formal Complaints from Research Participants: Where the research participant is a Barwon Health patient, the BH Patient Complaint Policy should be referred to. Complaints will be reported to the relevant committee and an update provided on each subsequent committee meeting agenda. When the research participant is not a Barwon Health patient, the first person designated to receive complaints from research participants is the Independent Participant Representative. It is expected that most complaints from research participants will be able to be dealt with by the Independent Participant Representative in conjunction with the relevant Principal Investigator. Serious complaints, which cannot be readily resolved, will be referred for consideration by the Independent Participant Representative, Chair or the relevant research related committee and, where necessary, the Director of Research (or equivalent). In circumstances where a complaint cannot be resolved using Barwon Health internal complaint resolution processes, external independent advice will be sought. This may include consultation with the Office of the Health Services Commissioner or with senior staff from other organisations. Complaints which highlight problems warranting amendments to the research protocol will be reviewed by the Chair of the relevant research related committee who will provide written advice to the Principal Investigator. Complaints will be reported to the relevant committee and an update provided on each subsequent committee meeting agenda.

Formal complaints from researchers: Complaints from researchers about any aspect of the management of their research project by REGI or a research related committee should be directed in the first instance to the Independent Participant Representative. The Independent Participant Representative will liaise with the Principal Investigator and, where necessary, the Chair of the relevant research related committee, and the committee itself to resolve the matter. Serious complaints which cannot be resolved using the process outlined above will be referred to the Director of Research (or equivalent) and, if necessary, the Barwon Health Chief Medical Officer or Chief Executive Officer. In some circumstances, external independent advisors may be consulted to provide assistance and advice.

Complaints from committee members and other interested persons: should be directed in the first instance to the Independent Participant Representative. Other interested persons may include heads of departments whose services are required by researchers to support their research project and staff in wards or service departments whose assistance or support is required to facilitate the research.

The Independent Participant Representative will endeavour to resolve the problem directly with the complainant and/or the Principal Investigator (as applicable) and, where necessary (and if appropriate), with the Chair of the relevant research related committee. Consultation with the Barwon Health Chief Medical Officer or Chief Executive Officer and external independent advisors, as outlined above, will be sought if required.

In all cases, details of a complaint will be recorded in the Research Complaints Register held in REGI. Hard copies of the details of the complaint, actions taken and outcomes will also be kept in the relevant project file and the REGI Research Complaints file.

All research related complaints will be reported to the Chair of the relevant research related committee.

All complaints involving human research will also be reported to the NHMRC's AHEC as part of the HREC Annual Report.

Categories of complaints: Complaints will be identified as relating to research activities or to review research proposals by the relevant research related committee and will be categorised to allow analysis of trends.

Categories may include: breaches of privacy/confidentiality; misappropriation/falsifying data/dubious authorship/plagiarism/misrepresentation; careless or inappropriate collection, analysis, use or disclosure of information; res of interest; coercion/failure to appropriately obtain consent; departures from good research practice; animal welfare related matter; non-compliance with relevant legislation; unethical behaviour; and/or other breaches of good research conduct.

Seriousness of complaints: Complaints will be rated on a scale for seriousness when they are first received by the Independent Participant Representative and again, when they are closed, in order to help with more accurate assessment of seriousness. A complaint can often raise several issues with different levels of seriousness:

Low rated complaints – those that ought to be easily resolved by a telephone call or letter and an explanation. These may include misunderstandings or misconceptions where a detailed investigation is unwarranted

Medium rated complaints – those involving incidents such as misunderstandings, access to records, disputes about costs, discourtesy, protocol violations, breaches of privacy without serious consequences, and diagnostic or treatment errors without serious consequences

High rated complaints: those involving significant quality assurance implications, practices that need changing to avoid recurrence of the event, such as amendments to the study protocol, or development of new policy or procedures. In addition, they include complaints about protocol violations, breaches of privacy, personal injury, professional misconduct, fraud, unlawful or unethical acts, lack of informed consent and diagnostic or treatment errors with serious adverse outcomes.

Suspension or Withdrawal of HREC Approval

This section describes the procedure for suspension or withdrawal of ethical approval by the BH HREC.

- Where the BH HREC (or HREC Chair) finds reason to believe that continuance of a research project will compromise participants' welfare, or that a research project is not being or cannot be conducted in accordance with its ethical approval, it should immediately seek to establish whether ethical approval for the project should be suspended or withdrawn.

In such circumstances, the BH HREC/REGI must immediately notify the PI (and study contact) of the suspension of the HREC Approval.

- An investigator cannot continue with the research if ethical approval has been suspended and must comply with any special conditions imposed by the BH HREC. The research may not be resumed unless either:

    - The investigator subsequently establishes to the BH HREC that continuance will not compromise participants' welfare and/or is to be conducted in accordance with its ethical approval; or the research is modified to provide sufficient protection for participants, the modification is ethically reviewed, and the modified research is approved by the BH HREC;
    - The BH HREC, after consideration at a meeting, makes the final decision with regards to reinstatement or withdrawal of ethical approval. The PI (and study contact) is notified in writing of the BH HREC decision within 5 working days; and,
    - In the case of withdrawal of ethical approval the BH HREC will notify the Director of Research and the Chief Medical Officer.

REGI will update the status of the project on the database. When a decision is made to terminate or suspend a previously approved protocol, the reasons will be recorded in the minutes and the

investigator will be notified in writing of the reasons for the decision and actions that can be taken to discuss the situation further.

Fees and Charges

In order to ensure the BH HREC is adequately supported, fees will be charged for the review of research protocols in line with the most recent fee schedule. Fees are charged based on administrative resources required, and the level of risk involved.

In addition to the review of new applications, fees will also be charged for the review of amendments and any other administrative documents which are submitted post approval. The fee schedule should be reviewed periodically, with all amendments requiring approval from the Director of Research prior to implementation.

As per section 5.1 of The National statement on ethical conduct in human research (2007) in order to encourage and support all forms of research, fees may be negotiated where fees would discourage the conduct of the research.

Reporting

To ensure operational accountability, all members of the BH Human Research Ethics Committee must be familiar with and apply the principles of The National statement on ethical conduct in human research (2007), and in particular Section 5.7. Responsibility for the ethical design, review and conduct of human research is exercised at different levels from the detail of research conduct to the more general oversight of review and funding. Accordingly, responsibility is exercised at the different levels by: researchers (and where relevant their supervisors); HRECs and other ethical review bodies; institutions whose employees, resources or facilities are involved; funding organisations; agencies and governments.
The line of accountability for these responsibilities runs: from researchers to review bodies and institutions; from review bodies and institutions to funders and other agencies; from agencies to government.

Accountability

The responsibilities of the HREC are to provide a transparent and efficient ethical review process. Within Barwon Health, the HREC is accountable to Barwon Health Board of Directors through the Chief Executive Officer via the Teaching, Training and Research Governance Committee (TTRGC).

The BH HREC is accountable by:

- Ensuring qualified and experienced staff are appointed to the HREC.
- Ensuring all members are formally inducted to ensure roles and responsibilities are understood, including those of the National Statement which govern the process of review.
- Ensuring the name of all members is published publically, by inclusion BH Annual Research Report.
- Ensuring key stakeholders have access to a generic letter which confirms that the composition of the BH HREC complies with the requirements of Section 5.1.3 of the National Statement.
- Ensuring the Terms of Reference of the HREC are publicly available via the REGI website.
- Ensuring all HREC meetings are comprehensively minuted, including reference to the National Statement. Minutes must be ratified by the Chair and HREC both before the distribution of correspondence to Investigators, and formally at the next meeting. Minutes will be made available to the Chief Executive Officer of Barwon Health, the NHMRC or other such bodies as required.
- Ensuring Investigators have the opportunity to attend HREC meetings to provide background information and/or clarification relating to any submission upon which they are a listed Investigator. Attendance at meetings is restricted to the discussion regarding the introduction of the study on which they are listed; all investigators who attend in this capacity must not be present during subsequent discussion, or the HREC decision-making process.

- Providing written notification to Investigators regarding the decisions of the HREC, and ensuring that Investigators have the opportunity to respond to any queries raised.
- Ensuring formal written notification is issued to the Principal Investigator in response to any decisions and/or submissions.
- Ensuring electronic copies of files containing all relevant documentation are kept securely within REGI for each study. As per the Freedom of Information Act 1982 (VIC) (ref.) where appropriate, researchers or research participants can be given access to information contained in research project files by providing a reasonable justification.

Reports

The BH HREC will report to the Barwon Health Board of Directors through the Chief Executive Officer via the Teaching, Training and Research Governance Committee (TTRGC) with the compilation of an annual report.

- The Human Research Ethics Committee shall report at least annually to the NHMRC information relevant to its ethical review processes as required under section 5.7.4 of the *National statement on ethical conduct in human research (2007) - updated May 2015*

- The Human Research Ethics Committee shall report annually to the Health Services Commissioner of Victoria studies involving reliance on Privacy Principles.

Evaluation

Review within 3 years of being issued or sooner if any changes to legislation, statutory requirements or practice.

Key Aligned Documents

Human Research Ethics Committee TOR, PROMPT: Barwon Health \ Terms of Reference \ Committees & Working Groups

Privacy Policy Health Information, PROMPT: Barwon Health \ Information Services \ Health Information

Teaching Training and Research Governance Committee TOR, PROMPT: Barwon Health \ Terms of Reference \ Governance

Key Legislation, Acts & Standards

Australian Government. (2016). The Australian code for the responsible conduct of research. Retrieved March 7, 2017 from https://www.nhmrc.gov.au/guidelines-publications/r39

Australian Government. (2016). National statement on ethical conduct in human research (2007) - updated May 2015. Retrieved March 7, 2017 from https://www.nhmrc.gov.au/guidelines-publications/e72

Freedom of Information Act 1982 (VIC). Version No. 091. Version incorporating amendments as at 1 February 2017. Retrieved March 8, 2017 from http://www.austlii.edu.au/au/legis/vic/consol_act/foia1982222/

Health Complaints Act 2016 (NO. 22 OF 2016) (VIC). Retrieved March 8, 2017 from http://www.austlii.edu.au/au/legis/vic/num_act/hca201622o2016227/

Health Records Act 2001 (VIC). Version No. 033. Version incorporating amendments as at 1 February 2017. Retrieved March 8, 2017 from http://www.austlii.edu.au/au/legis/vic/consol_act/hra2001144/

Privacy and Data Protection Act 2014 (NO. 60 OF 2014). (VIC). Retrieved March 8, 2017 from http://www.austlii.edu.au/au/legis/vic/num_act/padpa201460o2014317/

References

Commissioner for Privacy and Data Protection (CPDP), Victoria State Government. (2015). Short Guide to the Information Privacy Principles. Retrieved March 7, 2017 from https://www.cpdp.vic.gov.au/menu-privacy/privacy-laws-and-standards/privacy-laws-and-standards-ipp

National Health and Medical Research Council (NHMRC). (2016, November). Safety monitoring and reporting in clinical trials involving therapeutic goods. Retrieved March 7, 2017 from https://www.nhmrc.gov.au/_files_nhmrc/file/publications/16469_nhmrc_-_ahec_position_statement-web.pdf

Victoria State Government. (2015). Developing best practice in human research ethics review. Retrieved March 7, 2017 from https://www2.health.vic.gov.au/getfile/?sc_itemid=%7b6FFDEB8B-9EFD-4790-B46C-0E12C32D607D%7d&title=Developing%20Best%20Practice%20in%20Human%20Research%20Ethics%20Review (download PDF)

Contributors

	Name	Position	Service / Program
Lead Reviewer:	Dr Giuliana Fuscaldo	Manager	Research Ethics Govenence and Intergity Unit (REGI)
Contributors:	Mr Richard Larsen,	Research Ethics Officer	REGI
	Ms Krisitn Wallis,	Senior Admin Officer	REGI
	Ms Lisa Fry	Research Governance Officer	REGI
Committee/s:	N/A		