MODEL ACCREDITATION SYSTEM FOR HEALTH RESEARCH ETHICS COMMITTEES IN NGERIA

BY

UWAEME UCHENNA BERTRAM

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CERTIFICATION

I, Prof. Clement A. Adebamowo hereby certify that Uwaeme Uchenna Bertram is an M.Sc. (Bioethics) student of the Department of Surgery, University of Ibadan under my supervision.

Signature…… Date……

DEDICATION

I dedicate the success of this work to God the Father, God the Son and God the Holy Ghost. Also to my parents Late Mr. Barnabas Ononiwu Uwaeme, my mother Mrs. Rosekate Adaure Uwaeme, my beloved wife Mrs. Stella Kasarachi Uchenna Uwaeme and my Children; Mmesoma, Somtochukwu and Chimdumebi.

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ABSRACT

Accreditation systems are established globally by designated authorities to evaluate the ability of institutions to meet predetermined standards in their areas of operation. As part of efforts to guarantee quality and strengthen the operations of HRECs, some countries have instituted accreditation systems that is standardized, robust, transparent, with clear guidelines, tools and checklist that encourage aspiring HRECs to strive to meet up to the terms of this accreditation systems. Although, the National Health Research Ethics Committee (NHREC) of Nigeria has put in place a mechanism for registration of Health Research Ethics Committees (HRECs), it falls short of what is expected for an audit/accreditation system as stipulated in its mandate provided in the National Health Act. Using a process of content analysis of the existing accreditation and evaluation schemes for RECs, we have proposed a model system of accreditation of HRECs, relying significantly on the AAHRPP model that could be considered by NHREC for adaptation/adoption. This is further backed with perceptions of members of HRECs in Nigeria on the suitability or otherwise of the model in the context of HRECs in Nigeria.

Key words: Accreditation; National Health Research Ethics Committee; Health Research Ethics Committees.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the study

The research ethics regulatory system in Nigeria has been undergoing reforms since 2006 as a result of a Presidential Directive. The National Health Research Ethics Committee which is the apex body responsible for providing and ensuring adherence to regulations for the ethical conduct of research in the country, developed the National Code for Health Research Ethics as the primary guidance document.[1] A key mandate of NHREC is continuous quality improvement of HRECS in Nigeria. This can be achieved by putting in place procedures, mechanisms and standards that enable HRECs to conduct quality scientific and ethical review of research protocols and thereby guarantee the safety and protection of the rights and welfare of human research participants. Such mechanisms for oversight include registration and accreditation of HRECs. Registration helps in the identification and recognition of HRECs while accreditation on its own helps improve not only the fundamental aspect, but also in monitoring performance, identification of HRECs that needs assistance for further development in quality review of research protocols, the processes and procedures applied in scientific and ethical review of research involving human participants.

NHREC had commenced registration of HRECs since 2006. This registration process captures basic demographic data of the HRECs, membership roaster to ensure diversity of members and evidence of introductory training in research ethics for the HREC members. It also contains a section which commits the head of host Institutions to provide their HRECs with liability coverage and all necessary support for optimal operations. This registration system however falls short of evaluating all the key components required for quality HREC operations as recommended in the National Code for Health Research Ethics, the WHO-TDR standards for RECs that Review Biomedical Research, the ICH-GCP and other similar guidelines. There is need for NHREC to put in place appropriate mechanisms for oversight and proper recognition of HRECs through an effective accreditation system. Designing a model that can be used for accreditation of HRECs is

an important undertaken. This could be adopted by NHREC to institutionalize a robust accreditation system in order to meet its mandate of ensuring continuous quality improvement for HRECs in Nigeria.

1.2 Statement of the Problem

All over the world and most especially in developing countries, efforts are being made towards strengthening functioning HRECs [2-4]. There has been a growing interest in establishing mechanisms to regulate and assess the operations and functions of HRECs. Such effort has included HREC registration coupled with audit and accreditation processes that assess HREC compliance with established regulations [4, 5]. The National Code of Health Research Ethics Committees in Nigeria, section(c), sub –section (a) and (b) clearly specified the criteria for registration and re-registration of HRECs as well as the life span of any registered HREC in Nigeria. It also gave the National Health Research Ethics Committee (NHREC), the power to register and audit Health Research Ethics Committees [6]. The NHREC has been registering HRECs in Nigeria since its inception in 2006 and the list of registered HRECs is displayed on the website and updated periodically. While this is a laudable achievement, it is important for this to be improved upon into a full pledged accreditation system that is standardize, robust, transparent, with clear guidelines, tools and checklist that enable aspiring HRECs to strive to meet up to the terms of this accreditation system.

NHREC can further earn the trust of all stakeholders involved in health research in Nigeria by introducing a standardize accreditation system that includes HRECs registration/re-registration as presently enshrined in the National Code as the first and second point of identification/recognition; HRECs self-assessment to understand their strengths, weakness and build upon it; NHREC onsite

inspection to evaluate things on ground, verify the documents/records submitted by HRECs during the registration/re-registration stage and make recommendation based on facts; and award of credits to the institution that meets the accreditation standards based on the recommendation of the onsite evaluation team as the last point of recognition. This new system will also stimulate NHREC to carry out its oversight duties properly; further lend credence to the current categorization system, guarantee sponsors confidence, and help attract more international investments in collaborative research to Nigeria.

1.3 Justification

Accreditation system ensures that HRECs remain effective, efficient, and independent in the discharge of their duties. Although the development of policies/guidelines and fostering their implementation is the purview of governments, the evidence-based era has given scholars and academicians an important role to play in the process of providing the evidence needed for the establishment of these policies. We have noted the gap in having a standard, robust, transparent system with guidelines/tools and checklist for accreditation of HRECs in Nigeria. Although this is the mandate of NHREC, developing a model to provide the evidence base which NHREC could potentially build upon to establish this robust system is an important undertaking. This study therefore will seek to develop a model system for accreditation of HRECs in Nigeria with the aim of providing the evidence base for establishing a robust HREC accreditation system in Nigeria.

1.4 Objectives

1. To develop a model for accreditation of HRECS in Nigeria
2. To understand the perceptions of the end users on the suitability of this model

3. To modify the model with inputs from potential end users and share with NHREC for possible adaptation/adoption as an HREC accreditation toolkit for Nigeria

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Health Research Ethics Committees (HRECs)

Health Research Ethics Committee is the body responsible for providing ethical review and oversight of research. They are established generally under laws, regulations, codes, and guidance to protect the rights and welfare of human research participants. HRECs are made up of at least five members with varying academic and professional background. They must be qualified through experience, expertise, and diversity of its members, including consideration of age, gender, socio-cultural backgrounds, religion and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of researchers and research participants. HRECs must have at least one member with scientific and medical expertise; at least one member whose primary concerns are in non-scientific areas (law, social sciences etc.); at least one member who is not affiliated with the Institution and who is not part of the immediate family of a person who is affiliated with the Institution; a lay person; a clergy or religious leader; and when reviewing research with vulnerable participants, may involve consultants or individuals knowledgeable and experienced in such areas if it so wishes. Health Research Ethics Committee's review proposed studies with human participants. They ensure that these studies conform with internationally and locally accepted ethical guidelines, monitor studies once they have begun and where relevant, take part in follow-up action and surveillance after the end of research. In the process of reviewing and approving research studies, they always conduct some forms of risk-benefit analysis in an attempt to determine whether or not research should be done[7]. Health Research ethics committees have the authority to approve, reject or stop studies or require modifications to research protocol. They may also perform other functions, such as setting policies for their Institutions if they are authorized to do so, and offering opinions on ongoing ethical issues in research.

The primary responsibility of HRECs is to protect the rights and welfare of research participant [8-10]. In recent times however, especially with the increasing investment in international collaborative studies with increasing complexities [2, 11, 12], the degree to which HRECs are able to undertake this mandate has been an issue of concern. It has been observed that many countries are increasingly devoting significant resources to creating or strengthening research ethics committees [2-4], but there has been insufficient attention to assessing whether these committees are actually improving the protection of human research participant or not [4]. Studies have shown that HRECs in developing countries may not promote high standards of research participant protection as a result of lack of financial and adequately trained human resources[13, 14]. There is need to put in place appropriate mechanisms for evaluating the performance of HRECS such as an accreditation system. This would help ensure high and consistent standards of review, suitable expertise, adequate and continuous training and sufficient resources to fulfill the institutional responsibilities of HRECs.

2.2 Meaning and Importance of Accreditation for HRECs

Accreditation is the act of granting credit or recognition to an Institution that maintains suitable standards. It can be both a status and a process. As a status, accreditation provides public notification that an Institution or program meets standards of quality set forth by an accrediting body. As a process, accreditation reflects the fact that in achieving recognition by the accrediting body, the Institution or program is committed to self-study and external review by ones peer in seeking not only to meet standard but to continuously seek ways in which to enhance the quality. An effective human research protection system must have appropriate mechanisms for oversight and proper recognition of HRECs. Such mechanisms for proper recognition and oversight include registration and accreditation of the HRECs. Accreditation programs motivate HRECs to develop

standardized policies and procedures, which helps promote the consistent application of ethical principles, a common base of knowledge, enhances the status of HREC, and also provides a means of checking whether HRECs are actually adhering to the established policies and procedures guiding their operations [4, 5].

2.3 Steps of Accreditation

Standard accreditation systems involve a four step process that includes: application; self-assessment; onsite assessment; and issuance of accreditation certificate/award of credits. The first step requires any registered HREC to submit an application letter indicating interest in undergoing the accreditation process to the designated authority. The application letter will be submitted with the following documents: copy of registration certificate; description of the HREC membership including names of members, offices, expertise, experience, training; written summary of HREC standard operating procedures and policies; and summary of actions taken by the HREC after registration. The second step involves self-assessment by the HREC. At this stage, the HREC will review a list of items/requirement essential for it to function effectively, efficiently, and independently. The HREC is expected to indicate the degree to which it has complied with these requirements and its readiness for accreditation. This makes the HREC aware of its deficiencies and offers an opportunity to correct them. The third step involves onsite assessment visit by the designated authority accreditation team. This accreditation team shall conduct a scheduled onsite visit to ascertain the degree of compliance with all the criteria of accreditation and evaluate the correctness of the documents, the consistency of these documents with the actual practices of the HREC, and the manner in which documents are filed and stored. They accreditation team shall present its findings to the HREC at the end of their inspection during which matters can be clarified for inclusion in the final report before submitting it to the designated authority. The final step

involves the issuance of certificate of accreditation/award of credits by the designated authority based on findings and recommendation of the onsite accreditation team, which may be any of these three categories of accreditation: full accreditation; preliminary accreditation; or withhold accreditation.

2. 4 Key Factors Necessary for Accreditation of HRECs

- The leadership of the institution and its organization.
- Structural components; e.g. composition of members, administrative requirements, experience and trainings, infrastructural facilities.
- Policies and procedures; e.g. availability of standard operating procedures(SOPs), establishment and management of HREC, dealing with conflict of interest, protection of human research participants, participants outreach training programs.
- Processes; e.g. submission of protocols, review of protocols, communication of decisions, consent processes.
- Performance measures; e.g. consideration of certain ethical criteria in the review of protocol, decision making process, internal audits, evaluation and records, documentation and archiving.
- Availability of human, financial, and material resources

2.5 Why Institutions need to go for Accreditation

- Accreditation benefits research institutions, participants and the research enterprise as a whole.

- It helps to ensure a more cohesive human research protection program, with the system in place not only to protect research participants but also to advance research more efficiently and effectively.
- It helps the institution to take a comprehensive look at their policies and programs in other to identify weakness and build upon strengths.
- It helps to assure prospective participants and the public in general that research enterprise is conducted in a safe and ethical manner
- It helps to build public trust and confidence

2.6 Advantages of Having Accreditation for HRECs

It guarantees the following:

- The highest possible standards and protection; It is a proof that the best possible standards and protection are given to human research participants.
- An assurance of quality; Accreditation is evidence of a quality research.
- Improves efficiency and effectiveness; Accreditation requires institutions to take an unprecedented view of their programs in order to make sure not just that policies and procedures are in place but also that they are documented and translated into practice. As a result, accredited institutions tend to have more streamlined and effective policies and procedures. These institutions also typically keep better records and are more likely to avoid costly shutdowns and problematic inspections.
- A competitive edge; Sponsors and other funding agencies recognize that accredited institutions have more efficient operations, provide more comprehensive protection for subject/ and provide high quality data. Increasingly, accreditation is expected to be a condition of research support.

- Government recognition; Accreditation attracts government recognition to institution.

2.7 Some Examples of Existing Registration and Accreditation Systems

A number of countries and organizations have institutionalized a system of accreditation for their HRECs in order to ensure that they are structured and continue to operate in accordance with established guidelines (both local and international). For instance, in the United State of America, there is an Association for the Accreditation of Human Research Protection Program (AAHRPP), which is voluntary, peer driven, and educationally based model of accreditation, it also accredits organizations in Canada, China, India , Korea, and Singapore [15]. In December 2011, Kasturba Medical College and Hospital (KMC), Manipal and Manipal Hospital Bangalore (MHB) received full accreditation for Human Research Protection Program from the Association for Accreditation for Human Research Protection Program (AAHRPP), and both institutions testified that the accreditation process helped them to take a comprehensive look at their policies and program, in order to identify and address weakness and build upon strengths.[16]. The United Kingdom, the National Research Ethics Service has also developed an accreditation scheme that includes Research Ethics Committees registration, self-assessment, and a regular audit of RECs [17]. Also in Melbourne, Australia, there is a Consultative Council for Human Research Ethics, that has an accreditation scheme for HRECs reviewing multi-site clinical trials [18]. In India, it has been recommended by the Indian Council of Medical Research (ICMR) that all ethics committees functioning in the country undergo accreditation process with Forum for Ethical Review Committees in the Asian and Western Pacific Region (FERCAP) under its Strategic Initiative for Developing Capacity in Ethical Review (SIDCER). SIDCER was established in WHO-TDR as a public-private partnership project, the objective was to bring these regional fora together into a

global strategic initiative focused on addressing human participant protection in global health research. It provides the international community with not only a means to build in-country human participant protection programs, but also a way to measure and provide accountability regarding the quality and effectiveness of ethical review worldwide. [19].Similarly, the Philippine Health Research Ethics Board has established policies for registration and accreditation of Research Ethics Committees, based on its belief that an effective human research protection system must have appropriate mechanisms for oversight and proper recognition of HRECs.[20] , and the South African National Ethics Committee has a guideline that mandate registration of RECs in the country as its point of recognition just as Nigeria and plans are on the way to institute a standard accreditation system for HRECs

2.8 National Health Research Ethics Committee (NHREC) and its regulatory duties

The National Health Research Ethics Committee (NHREC) is the highest body responsible for the provision of and ensuring adherence to guidelines that govern ethical research practice in order to ensure the protection of human research participants in Nigeria. NHREC was established in October 2005 by the then Hon. Minister of Health Prof. Eyitayo Lambo in keeping with the Federal Government directive to strengthen mechanisms that will safeguard the protection of Nigerians who participate in research, and is charged with the following mandates: determine guidelines for the functioning of Health Research Ethics Committees; register and audit Health Research Ethics Committees; set norms and standards for conducting research on humans and animals, including norms and standards for conducting clinical trials; adjudicate in complaints about the functioning of Health Research Ethics Committees and hear any complaint by a researcher who believes that he has been discriminated against by a Health Research Ethics Committee; refer to the relevant statutory health professional council matters involving the violation or potential violation of an

ethical or professional rule by a health care provider; institute such disciplinary action as may be prescribed against any person found to be in violation of any norms and standards, or guidelines, set for the conduct of research under the National Code of Health of Health Research Ethics Committees; and advise the Federal Ministry of Health and State Ministries on any ethical issues concerning research[1].

CHAPTER THREE

3.0 METHODOLOGY

The Model HRECs Accreditation System toolkit was developed through a three stage process described below.

3.1 Stage I: Development of Accreditation Model Toolkit

The model accreditation tool was developed after carefully doing a content analysis of some tools from institutions, bodies, and countries that have established an accreditation system for HRECs in their respective areas. I identified the recognized international standards for accreditation of HRECs as well as the yardsticks for meeting the standards that is common in all the documents, juxtapose it with the registration/re-registration requirements of HRECs by the NHREC as contained in the National Code so as to identify the gaps that exist and used it to develop a standard accreditation toolkit. Some of the Accreditation systems, guidance documents, tools, and checklist used at this stage were:

- The self-assessment tool used by Forum for Ethical Review Committees in the Asian and Western Pacific Region; Strategic Initiative for Developing Capacity in Ethical Review (FERCAP-SIDCER)[19]
- The standards listed in World Health Organization-Tropical Disease Research Operational Guidelines for Ethics Committees that Review Biomedical Research (WHO/TDR)[21]
- Council for International Organizations of Medical Sciences International Ethical Guidelines for Biomedical Research Involving Human Subjects (CIOMS)[22]

- International Conference on Harmonization-Good Clinical Practice Technical Requirements for Registrations of Pharmaceuticals for Human use(ICH-GCP) [23]
- Association for the Accreditation of Human Research Protection Program accreditation standards (AAHRPP)[15]
- The accreditation standards of Consultative Council for Human Research Ethics Committees (CCHREC)[18]
- Other tools/framework for assessment of HREC [3, 4].

The Model Accreditation toolkit contains three sections

3.1.1 Standards and Components Checklist for Institutional Assessment

This section describes the structural characteristics of the entity that has the responsibility of providing an environment conducive for research activities to take place, establishment of HRECs and applies for accreditation. The Institution ensures the protection of research participants through relationships with Researchers and Research Assistants, HRECs, Sponsors, and the community. This section contains an exhaustive list of questions that seek to capture Institutional policies and practices in relation to the function of HRECs and in a broader sense human research protection in the institution. This section is important on the premise that HRECs cannot operate as stand-alone entities. They are expected to be established by an appropriate authority; this authority is expected to be responsible for ensuring adherence to the policies instituted by the HREC for promoting ethical research in the Institution, as well as continuous capacity building, provisions of adequate resources and responsibility of HREC liabilities. It also contains information on the standards that the Institution are expected to meet. The standards are broadly derived from the National Code for Health Research Ethics in Nigeria; WHO standards for Ethics Committees the

review biomedical research; CIOMS; ICH-GCP (E6) and 45CFR46 as applicable. The components on the other hand are the evidence required to satisfy that a given standard has been met by an Institution. The target officials are the head of the host Institution or his/her designee(s).

3.1.2 Standards and Components Checklist for HREC Assessment

This section describes the body usually established by an Institution and given the responsibility of providing ethical review and oversight of research. HRECs are established generally under laws, regulations, codes, and guidance by an Institution to protect the rights and welfare of human research participants. The RECs must have mechanisms in place to ensure the independence of its ethics review and oversight functions from other units within the Institution, particularly with respect to decision-making regarding the ethics of research involving human participants. This section of standards and components for HREC assessment seek to provide information on mechanisms that HRECs must have in place to ensure independence of its ethics review and oversight functions from other units within the Institution.

3.1.3 Standards and Components Checklist for Researchers and Research Assistants Assessment

This section describes the roles and responsibilities of Researchers and Research Assistants. They are important stakeholders in research. The environment in which they conduct research and the type of research they conduct influence their roles and responsibilities. Competent, informed and responsible Researchers and Research Assistants are expected to provide the best possible protection for human research participants. This section of standards and components sets forth requirements for Researchers and Research Assistants involved in research using human participants. An Institution can improve protection of research participants by having

arrangements to ascertain and enhance the competence of Researchers and Research Assistants as part of its policies and program.

3.2 Stage II: Validation and Pilot-testing

After developing the draft model, the abridged version of the toolkit questionnaire was sent to HRECs both those registered and unregistered with the NHREC across the six geo-political zones of Nigeria. My target audiences who are also meant to be the end users of this Toolkit were the Chairmen, Secretaries, Administrative officers, and other members of HRECs. I obtained a list from the NHREC containing names of 86 HRECs, phone numbers and email addresses of their Chairmen, Secretaries, Administrative offices, contact persons compiled during the inaugural meeting of the forum of Chairmen of HRECs in Nigeria held in November 2013 in Abuja.

Firstly, I called the contact phone number of the representatives of these HRECs for willingness to participate in the study, after this, I sent a mail to their respective email address introducing myself as the student investigator, explaining the purpose of the study and also seeking their consent to participate in the study. A follow up mail was later sent to those that agreed to participate, attached with the Toolkit questionnaire of which the second page after the title page contains a consent script, and it was clearly stated that all respondents must fill the consent script before participating in the study and also that response implies consent, all respondents were asked to return the completed questionnaire back to my email.

Secondly, after receiving feedbacks from some HRECs through my email, I followed up on those HRECs that have not responded through one on one distribution of the Toolkit questionnaire to HRECs members that attended the Consultative Meeting on the Electronic System for Management of Nigeria Ethics held in April 2014 in Abuja.

Thirdly, after identifying HRECs that have not responded either through the email or the one on one hand distribution, I sent registered surface mail to their respective institutions with a return payment made on each of the document. During these periods I also made phone calls, sent text messages as reminders to these stakeholders after which the data collection phase was closed.

They were asked the following questions concerning the standards and components checklist of the Model Accreditation Toolkit: which items should be retained, modified or expunged? Comments from this process where used to further fine tune the Accreditation Toolkit where necessary.

3.3 Stage III: Finalization and Dissemination

The toolkit was finalized based on responses from the pilot testing process. The process for the development of the model system and the results of the pilot testing will be documented and shared with HRECs in Nigeria and efforts will be made to publish same in a suitable peer reviewed journal. The report and actual model accreditation toolkit will be submitted to NHREC for its consideration and possible adoption and use.

3.4 ETHICAL CONSIDERATION

3.4.1 Autonomy and respect

After the development of the model HREC accreditation system Toolkit, it was piloted among 50 representatives of HRECs across the six geo-political zones of Nigeria. The consent of invited participants was received along with their responses. The consent statement was clearly stated on the first page of the questionnaire sent out to the prospective participants.

3.4.2 Consent Process

Two stage consent process was used. First, I called the contact of each HREC member for willingness to participate in the study. Those prospective participants that I couldn't get on phone were further contacted by text messages and email. Secondly, consent script was attached to the Model Accreditation Toolkit sent to their respective emails and post office mail box of these HREC members to complete before participating in the study. It was noted in the consent script that response implies consent.

3.4.3 Risk/Benefit Assessment

This study was a minimal risk activity. I anticipated a risk of breach of confidentiality for questionnaire respondents. To minimize this risk, no personal identifiers were collected from respondents. All information from the study was kept in a password protected computer and external hard drive which are accessible only to me, the student investigator and my supervisors when required.

3.4.4 Ethical Review

The study was submitted to NHREC for appropriate review and recommendation (NHREC Protocol number: NHREC/01/01/2007-27-05-2013) and it was approved (NHREC approval Number: NHREC/01/01/2007-30/05/2013).

CHAPTER FOUR

4.0 RESULTS

4.1 RESPONSES

A list of 86 HRECs was obtained from NHREC which was used to identify the Chairman, Secretary, or Representative member of HRECs in Nigeria that participated at the inaugural meeting of the Forum of Chairmen of HRECs in Abuja, Nigeria in 2013. This was the most current list of HRECs in Nigeria. From this list, I was able to identify 57 non-duplicate representatives of HRECs that attended the meeting as the Chairman, Secretary, Admin officer or Representative member of HRECs. I was able to contact 53 of these, out of which 50 agreed to participate in this study. Questionnaires were sent by e-mail to all the 50 HRECs that agreed to participate in the study; I continued sending them reminder e-mail for a period of six months after which I was able to get responses from 20 HRECs. Also, I distributed questionnaires one on one to HRECs that have not responded through email at a consultative meeting on Electronic System for Management of Nigerian Ethics in Abuja, Nigeria in 2014 during which I was able to get responses from 5 more HRECs. In addition, registered surface mail with a return paid registered envelope was sent to all the remaining 25 HRECs that agreed to participate in this study that neither responded through e-mail nor attended the consultative meeting. A follow up e-mail, text messages and phone calls was also used to contact all non-respondents, after which I received more responses from 15 HRECs. I continued to follow up with the participants for a period of 3months after which data collection was closed. Of the 50 HRECs that I sent questionnaires to, I received responses from 40 HRECs, giving me an 80% response rate.

4.2 DEMOGRAPHY OF RESPONDING HRECs

4.2.1: Table 1: Responses Based on Six Geopolitical Zones in Nigeria

Name of Geopolitical Zone	Number of Responses	Percentage of Responses (%)
South East	5	12.5%
South South	5	12.5%
South West	6	15%
North East	6	15%
North Central	14	35%
North West	4	10%

4.2.2 Table 2: Responses Based on Channel of Communication

Channel of Communication	**Number of Responses**	**Percentage of Responses (%)**
Email	20	50%
Hand to hand delivery	5	12.5%
Registered Mail	15	37.5%

4.2.3 Table 3: Responses Based on Position of the Respondent in the Committee

Position of the Respondent in the Committee	**Number of Responses**	**Percentage of Responses (%)**
Chairman	30	75%
Administrative Officer	6	15%
Representative of the Chairman	4	10%

4.2.4 Table 4: Responses Based on Years of Existence of the Institution

Years of Existence of the Institution	Number of Responses	Percentage of Responses (%)
Institutions established before 1999	30	75%
Institutions established after 1999	10	25%

4.2.5 Table 5: Responses Based on Nature of the Institution

Nature of the Institution	Number of Responses	Percentage of Responses (%)
Federal Medical Center	5	12.5%
Research Institute	5	12.5%
Teaching Hospital	30	75%

4.2.6 Table 6: Responses Based on Gender

Gender	Number of Responses	Percentage of Responses (%)
Male	32	80%
Female	8	20%

4.2.7 Table 7: Responses Based on Profession

Profession of the Respondent	**Number of Responses**	**Percentage of Responses (%)**
Medical Doctor	30	75%
Pharmacist	2	5%
Legal Practitioner	2	5%
Administrative Officer	6	15%

4.3 CONTENT ANALYSIS OF SOME REGISTRATION, SELF–ASSESSMENT AND ACCREDITATION SCHEMES USED IN THE DEVELOPMENT OF THE PROPOSED MODEL ACCREDITATION SYSTEM TOOLKIT.

The table below shows the content analysis of some registration/self-assessment/accreditation schemes used in the development of the proposed model accreditation system toolkit. The essence of this is because accreditation standards for institutions and RECs are the same globally, there is need to study existing systems and fashion out which model that will be the best for own environment.

The NHREC registration requirement as enshrined in the National Code demands that in order for an institution to be able to conduct health research, the institution must have a registered HREC. The authorized head of the institution or their authorized designee is expected to apply for registration of its HREC with the NHREC, and the application letter is to supported by the list of members of the proposed HREC identified by: name, qualification, representative capacity, employment or affiliation that may be construed as conflict of interest within the context of membership of the HREC, evidence of completion of NHREC approved training programs by the proposed HREC members, statement of agreement to comply with the National Code, statement of commitment to provide meeting space of sufficient quality, office and storage space, sufficient staff and funds to support the HREC review and recording duties, and statement of commitment to take full responsibility and provide coverage for any liability of any member arising from service on HREC. While these registration requirements can serve as the first means of recognition by NHREC for institutions and their HRECs; but it falls short of what is expected for an accreditation system that is standardized, robust and transparent, with clear guidelines, tools and checklist.

Also, the CCHREC and FERCAP-SIDCER accreditation systems not only requires the head of the institution or their authorized designee to apply for registration with the designated authority respectively, the also contains the standards for the accreditation of HRECs, but neither paid attention to responsibilities of host institution because is obvious RECs do not exist as stand-alone entities nor of what is expected of the researchers and their assistants. These two accreditation systems are also not comprehensive enough since if fails to capture all the critical stakeholders involved in health research. Similarly, the PHREB accreditation system is also not complete, its standards covers all the responsibilities of RECS, and some of the responsibilities of the host institution and researchers and their assistants.

Lastly, the most comprehensive of all the accreditation systems studied is the AAHRPP accreditation system, its standards covers the responsibilities of all the critical stakeholders involved in health research: the host institution, RECs and researchers and their assistants. This also necessitated why the proposed model accreditation system toolkit is fashioned after the AAHRPP model.

Components of the proposed Model Accreditation System Toolkit	FERCAP -SIDCER	AAHRPP	NHREC	PHREB	CCHREC
C: 1 The Institution has and follows written policies and procedures for determining when an activity or a set of activities constitutes research involving human participants.		✓			
C: 2 The Institution delegates responsibility of research activities to an official or committee with sufficient standing, authority, and independence to ensure implementation and maintenance of research activities.		✓			
C: 3 The Institution has and follows written policies and procedures that allow the Health Research Ethics Committee to function independently of other institutional entities in protecting research participants.		✓		✓	

C: 4 The Institution has and follows written policies and procedures setting forth the ethical standards and practices governing research. Relevant policies and procedures are made available to Sponsors, Researchers, Research assistants, Research participants, and the Health Research Ethics Committee, as appropriate.		✓		✓	
C: 5 The Institution has a capacity enhancement program that contributes to the improvement of the qualifications and expertise of individuals responsible for protecting the rights and welfare of research participants.		✓		✓	

C: 6 The Institution has and follows written policies and procedures for reviewing the scientific integrity or scholarly validity of a proposed research study. Such procedures are coordinated with the ethics review process.		✓			
C: 7 The Institution has and follows written policies and procedures that identify applicable laws in the localities where it conducts human research, takes them into account in the review and conduct of research, and resolves differences between federal or national law and local laws.		✓		✓	
C: 8 The Institution has and follows written policies and procedures that establish a safe, confidential, and reliable channel for current, prospective, or past research participants or their designated representatives that permits them to		✓		✓	

discuss problems, concerns, and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol or plan.					
C: 9 The Institution conducts activities designed to enhance understanding of human research by participants, prospective participants, or their communities, when appropriate. These activities are evaluated on a regular basis for improvement.		✓			
C: 10 The Institution promotes the involvement of community members, when appropriate, in the design and implementation of research and the dissemination of result.		✓			
C: 11 The Institution has the capacity and resource base to provide sufficient protection to the rights and welfare of research participants for the research		✓		✓	

activities that the Institution conducts or oversees.					
C: 12 The Institution's transnational research activities are consistent with the ethical principles set forth in its policies and program and meet equivalent levels of participant protection as research conducted in the Institution's principal location while complying with local laws and taking into account cultural context.		✓		✓	
C: 13 The Institution conducts audits or surveys or uses other methods to assess compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution makes improvements to increase compliance, when necessary.		✓		✓	

C: 14 The Institution conducts audits or surveys or uses other methods to assess the quality, efficiency, and effectiveness of all research activities. The Institution identifies strengths and weaknesses of its policies and makes improvements, when necessary, to increase the quality, efficiency, and effectiveness of all research activities.		✓			
C: 15 The Institution has and follows written policies and procedures so that Researchers and Research assistants may bring forward to the Institutions top management committee concerns or suggestions regarding all research activities, including the ethics review process.		✓			
C: 16 The Institution has and follows written policies and procedures for addressing allegations and findings of non-compliance with its policies. The Institution works with the Health		✓		✓	

Research Ethics Committee when appropriate, to ensure that participants are protected when non-compliance occurs. Such policies and procedures include reporting these actions, when appropriate.					
C: 17 The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate financial conflicts of interest of the Institution that could influence the conduct of the research or the integrity of research.		✓		✓	
C: 18 The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate individual financial conflicts of interest of Researchers and Research assistants that could influence the conduct of the research or the integrity of the research. The Institution works with the Health Research Ethics		✓		✓	

Committee in ensuring that financial conflicts of interest are managed and minimized or eliminated, when appropriate.					
C: 19 When research involves investigational or unlicensed test articles, the Institution confirms that the test articles have appropriate regulatory approval or meet exemptions for such approval.		✓			
C: 20 The Institution has and follows written policies and procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.		✓			
C: 21 The Institution has and follows written policies and procedures for compliance with legal and regulatory requirements governing emergency use		✓			

of an investigational or unlicensed test article.					
C: 22 The Institution has a written agreement with the Sponsor that addresses medical care for research participants with a research-related injury, and ailments discovered during recruitment when appropriate.		✓			
C: 23 In studies where Sponsors conduct research site monitoring visits or conduct monitoring activities remotely, the Institution has a written agreement with the Sponsor that the Sponsor promptly reports to the Institution findings that could affect the safety of participants or influence the conduct of the study.		✓			
C: 24 When the Sponsor has the responsibility to conduct data and safety monitoring; the Institution has a		✓			

written agreement with the Sponsor that addresses provisions for monitoring the data to ensure the safety of participants and for providing data and safety monitoring reports to the Institution.					
C: 25 Before initiating research, the Institution has a written agreement with the Sponsor about plans for disseminating findings from the research and the roles that Researchers and Sponsors will play in the publication or disclosure of results.		✓			
C: 26 When participant safety could be directly affected by study results after the study have ended; the Institution has a written agreement with the Sponsor that the Researcher or Institution will be notified of the results in order to consider informing participant.		✓			

C: 27 The HREC membership permits appropriate representation at the meeting for the types of research under review, and this is reflected on the HREC roster. The HREC has one or more unaffiliated members; one or more members who represent the general perspective of participants; one or more members who do not have scientific expertise; one or more members who have scientific or scholarly expertise; and, when the HREC regularly reviews research that involves vulnerable participants, one or more members who are knowledgeable about or experienced in working with such participants.	✓	✓		✓	✓
C: 28 The HREC has qualified leadership (e.g., chair and vice chair) and qualified members and staff. Membership and composition of the	✓	✓		✓	✓

HREC are periodically reviewed and adjusted as appropriate.					
C: 29 The HREC has and follows written policies and procedures to separate competing business interests from ethics review functions.	✓	✓		✓	✓
C: 30 The HREC has and follows written policies and procedures so that members and consultants do not participate in the review of research protocols or plans, in which they have a conflict of interest, except to provide information requested by the HREC.	✓	✓		✓	✓
C: 31 The HREC has and follows written policies and procedures requiring research protocols or plans to be reviewed by individuals with appropriate scientific or scholarly expertise and other expertise or	✓	✓		✓	✓

knowledge as required to review the research protocol or plan.					
C: 32 The HREC has and follows written policies and procedures for determining when activities are exempt from applicable laws and regulations, when permitted by law or regulation and exercised by the HREC. Such policies and procedures indicate that exemption determinations are not to be made by Researchers or others who might have a conflict of interest regarding the studies.	✓	✓		✓	✓
C: 33 The HREC has and follows written policies and procedures for addressing protection of participants in research that is exempt from applicable laws and regulations.	✓	✓		✓	✓

C: 34 The HREC has and follows written policies and procedures for conducting meetings by the convened HREC.	✓	✓		✓	✓
C: 35 The HREC has and follows written policies and procedures to conduct reviews by the convened HREC.	✓	✓		✓	✓
C: 36 The HREC has and follows written policies and procedures to conduct reviews by an expedited procedure, if such procedure is used.	✓	✓		✓	✓
C: 37 The HREC has and follows written policies and procedures for addressing unanticipated problems involving risks to participants or others, and for reporting these actions, when appropriate.	✓	✓		✓	✓
C: 38 The HREC has and follows written policies and procedures for suspending or terminating HREC	✓	✓		✓	✓

approval of research, if warranted, and for reporting these actions, when appropriate.					
C: 39 The HREC has and follows policies and procedures for managing multi-site research by defining the responsibilities of participating sites that are relevant to the protection of research participants, such as reporting of unanticipated problems or interim results.	✓	✓		✓	✓
C: 40 The HREC has and follows written policies and procedures for identifying and analyzing risks and identifying measures to minimize such risks. The analysis of risk includes a determination that the risks to participants are reasonable in relation to the potential benefits to participants and to society.	✓	✓		✓	✓

C: 41 The HREC has and follows written policies and procedures for reviewing the plan for data and safety monitoring, when applicable, and determines that the data and safety monitoring plan provides adequate protection for participants.	✓	✓		✓	✓
C: 42 The HREC has and follows written policies and procedures to evaluate the equitable selection of participants. The HREC has and follows written policies and procedures to review proposed participant recruitment methods, advertising materials, and payment arrangements and determines whether such arrangements are fair, accurate, and appropriate.	✓	✓		✓	✓
C: 43 The HREC has and follows written policies and procedures to evaluate the proposed arrangements for protecting the privacy interests of	✓	✓		✓	✓

research participants, when appropriate, during their involvement in the research.					
C: 44 The HREC has and follows written policies and procedures to evaluate proposed arrangements for maintaining the confidentiality of identifiable data, when appropriate, preliminary to the research, during the research, and after the conclusion of the research.	✓	✓		✓	✓
C: 45 The HREC has and follows written policies and procedures to evaluate the consent process and to require that the Researcher appropriately document the consent process.	✓	✓		✓	✓
C: 46 The HREC has and follows written policies and procedures for approving waivers or alterations of the	✓	✓		✓	✓

consent process and waivers of consent documentation.					
C: 47 The HREC has and follows written policies and procedures for determining the risks to prospective participants who are vulnerable to coercion or undue influence and ensuring that additional protections are provided as required by applicable laws, regulations, codes, and guidance.	✓	✓		✓	✓
C: 48 The HREC has and follows written policies and procedures requiring appropriate protections for prospective participants who cannot give consent or whose decision-making capacity is in question	✓	✓		✓	✓

C: 49 The HREC has and follows written policies and procedures for making exceptions to consent requirements for planned emergency research and review such exceptions according to applicable laws, regulations, codes, and guidance.	✓	✓		✓	✓
C: 50 The HREC maintains a complete set of materials relevant to the review of the research protocol or plan for a period of time sufficient to comply with legal and regulatory requirements, Sponsor requirements, and Institutional policies and procedures.	✓	✓		✓	✓
C: 51 The HREC documents discussions and decisions on research studies and activities in accordance with legal and regulatory requirements, Sponsor requirements, if any, and Institutional policies and procedures.	✓	✓		✓	✓

C: 52 Researchers and Research assistants know which of the activities they conduct involves research with human participants, and they seek guidance when appropriate.		✓			
C: 53 Researchers and Research assistants identify and disclose financial interests according to institutional policies and regulatory requirements and, with the Institution, manage, minimize, or eliminate financial conflicts of interest.		✓			
C: 54 Researchers employ sound study design in accordance with the standards of their discipline. Researchers design studies in a manner that minimizes risks to participants.		✓			
C: 55 Researchers determine that the resources necessary to protect participants are present before conducting each research study		✓			

C: 56 Researchers and Research assistants recruit participants in a fair and equitable manner.		✓			
C: 57 Researchers employ consent processes and methods of documentation appropriate to the type of research and the study population, emphasizing the importance of comprehension and voluntary participation to foster informed decision-making by participants.		✓			
C: 58 Researchers and Research assistants have a process to address participants' concerns, complaints, or requests for information.		✓			
C: 59 Researchers and Research assistants are qualified by training and experience for their research roles, including knowledge of applicable laws, regulations, codes, and guidance; relevant professional standards; and the		✓			

Institution's policies and procedures regarding the protection of research participants.					
C: 60 Researchers maintain appropriate oversight of each research study, as well as Research assistants and trainees, and appropriately delegate research responsibilities and functions.		✓			
C: 61 Researchers and Research assistants follow the requirements of the research protocol or plan and adhere to the policies and procedures of the Institution and to the requirements or determinations of the HREC.		✓			
C: 62 Researchers and Research assistants follow reporting requirements in accordance with applicable laws, regulations, codes, and guidance; the Institution's policies		✓			

and procedures; and the HREC's requirements.					

4.4 DESCRIPTION OF THE PROPOSED MODEL ACCREDITATION SYSTEM TOOLKIT

The Accreditation Tool Kit is divided into three sections namely Host Institution; Health Research Ethics Committee; and Researchers and Research Assistants. Within each section there are standards, and for each standard there are components which are sort of more tangible

indicators that contribute to the attainment of each specific standard.. Each component contains five parts: Introduction; a brief description of the component, Needed Written Documents; written policies and procedures the institution is expected to have in place, Relevant Documents; other written materials relevant to the component, Results; expected outcome, and Regulatory and Guidance References; relevant codes and policy documents that supports the component, in all there are 13 standards and 62 components.

The Nigerian Code of Health Research Ethics (NCHRE) developed by the NHREC in 2006 was used as the primary guideline to support the Accreditation Toolkit. This is the highest policy document on research ethics in Nigeria and it was approved by the National Council on Heath in its 50th annual meeting in 2007[24]. This Code reflects the collective concern of the government and the people of Nigeria to ensure the protection of human participants in scientific research to the highest ethical standard that is possible[25]. Similarly, WHO standard and operational guide for HRECs which provides guidance to the HRECs on which organizations rely to review and oversee the ethical aspects of research, as well as to the researchers who design and carry out health research studies was also referenced. The International Conference on Harmonization and Good Clinical Practice ethical and scientific quality standard for designing, conducting, recording, and reporting trials that involve the participation of human subjects was also used to provide guideline. Compliance with this standard provides public assurance that the rights, safety and well-being of trial subjects are protected; consistent with the principles that have their origin in the Declaration

of Helsinki, and also to guarantee that the clinical trial data are credible. For any component that we find relevant but to which no specific reference was made in the NCHRE, we sought additional reference from WHO guideline or ICH-GCP. In total, the NCHRE was referenced in 58 components, WHO in 32 components, ICH-GCP in 28 components.

4.5 INSTITUTIONAL ACCREDITATION

4.5.1 Figure A: Summary of responses from respondents on Institutional Accreditation

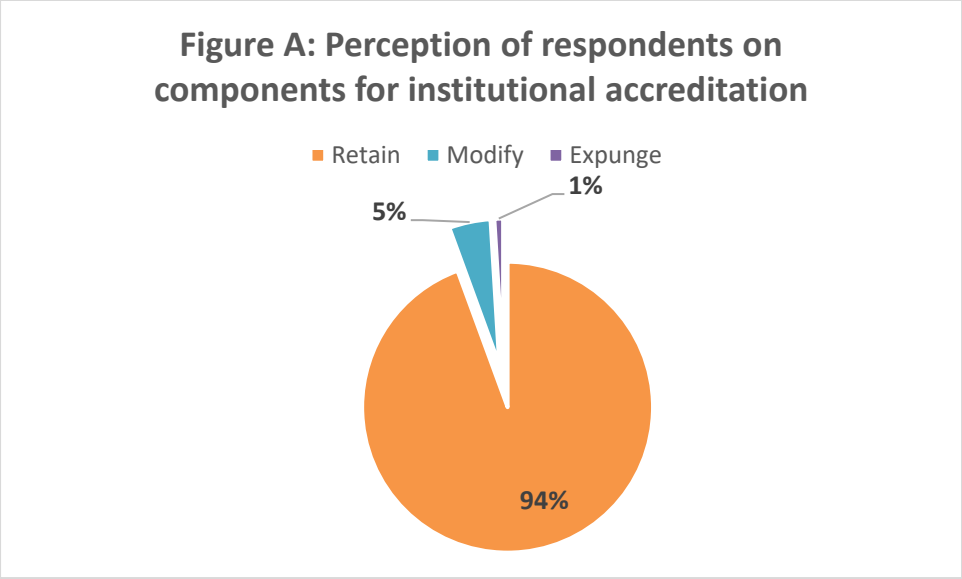

Figure A shows the summary of responses from respondents on the Institutional Accreditation standards and components section of the proposed Model Accreditation System Toolkit. Of the 40 respondents in this study, at least 34 (85%) opined that 94% of the components should be retained, while only 2.5% felt that some 5% and 1% of the components each should be modified and expunged respectively

4.5.2 Table 8: Standard 1Components

Table 4.5.2 shows responses to standard 1 and its components for the accreditation of HREC host institutions. 40 HRECs gave their opinion on this standard. On the average at least 85% of responding HRECs agree that host institutions should be required to have policies for determining

when an activity is research; establishment of independent HRECs; has established the guidelines/laws that form the ethical basis for ethical conduct of research in the institution; and is committed to capacity building for HREC members and HREC administrative staff.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 1 The Institution has the mandate and enabling laws that makes it suitable to do research involving human participants within its environment.				
	Component: A The Institution has and follows written policies and procedures for determining when an activity or a set of activities constitutes research involving human participants.	**Retain:** 37(92.5%)	**Modify:** 2(5%)	**Expunge:** 1(2.5%)
	Component: B The Institution delegates responsibility of research	**Retain:** 34(85%)	**Modify:** 5(12.5%)	**Expunge:** 1(2.5%)

	activities to an official or committee with sufficient standing, authority, and independence to ensure implementation and maintenance of research activities			
	Component: C The Institution has and follows written policies and procedures that allow the Health Research Ethics Committee to function independently of other institutional entities in protecting research participants.	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)
	Component: D The Institution has and follows written policies and procedures setting forth the ethical standards and practices	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)

	governing research. Relevant policies and procedures are made available to Sponsors, Researchers, Research assistants, Research participants, and the Health Research Ethics Committee, as appropriate.			
	Component: E The Institution has a capacity enhancement program that contributes to the improvement of the qualifications and expertise of individuals responsible for protecting the rights and welfare of research participants.	**Retain:** 34(85%)	**Modify:** 5(12.5%)	**Expunge:** 1(2.5%)
	Component: F The Institution has and follows written policies and procedures for reviewing the	**Retain:** 37(92.5%)	**Modify:** 2(5%)	**Expunge:** 1(2.5%)

	scientific integrity or scholarly validity of a proposed research study. Such procedures are coordinated with the ethics review process.			
	Component: G The Institution has and follows written policies and procedures that identify applicable laws in the localities where it conducts human research, takes them into account in the review and conduct of research, and resolves differences between federal or national law and local laws.	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)

4.5.3 Table 9: Standard 2 Components

Table 4.5.3 shows responses to standard 2 and its components for the accreditation of HREC host institution. 40 HRECs gave their opinion on this standard. 94% of the responding HRECs agree that host institutions should have policies and procedures that takes care of concerns of research participants; enhances their understanding of research activities which they are involved; have capacity and resource base to provide sufficient protection of their rights and welfare; encourages community participation in research; and comply with local laws in locations where research is taken place.

Standard	Components	Views of Respondents on the Components of this Standard		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 2 The Institution responds to the concerns of research participants.				
	Component: A The Institution has and follows written policies and procedures that establish a safe, confidential, and reliable channel for current, prospective, or past research participants or their designated representatives that permits them to discuss problems, concerns, and questions; obtain information; or offer input with an informed individual who is	**Retain:** 37(92.5%)	**Modify:** 3(7.5%)	**Expunge:** 0(0%)

	unaffiliated with the specific research protocol or plan.			
	Component: B The Institution conducts activities designed to enhance understanding of human research by participants, prospective participants, or their communities, when appropriate. These activities are evaluated on a regular basis for improvement.	**Retain:** 37(92.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)
	Component: C The Institution promotes the involvement of community members, when appropriate, in the design and implementation of research and the dissemination of result.	**Retain:** 39(97.5%)	**Modify:** 0(0%)	**Expunge:** 1(2.5%)

	Component: D The Institution has the capacity and resource base to provide sufficient protection to the rights and welfare of research participants for the research activities that the Institution conducts or oversees.	**Retain:** 34(85%)	**Modify:** 5(12.5%)	**Expunge:** 1(2.5%)
	Component: E The Institution's transnational research activities are consistent with the ethical principles set forth in its policies and program and meet equivalent levels of participant protection as research conducted in the Institution's principal location while complying with local laws and taking into account cultural context.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)

4.5.4 Table 10: Standard 3 Components

Table 4.5.4 shows responses to standard 3 and its components for the accreditation of HREC host institution. 40 HRECs gave their opinion on this standard. 98% of the responding HRECs agree that host institutions should have policies and procedures for regular audit of its activities so as to guarantee compliance with applicable laws, regulations and codes; reporting of concerns of researchers and research assistants to its top management; and addressing allegations and findings of non-compliance.

Standard	Components	Views of Respondents on the Components of this Standard		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 3 The Institution measures and improves, when necessary, compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution also measures and improves, when necessary, the quality, effectiveness, and efficiency of its policies.				
	Component: A The Institution conducts audits or surveys or uses other methods to assess compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution makes improvements to	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	increase compliance, when necessary.			
	Component: B The Institution conducts audits or surveys or uses other methods to assess the quality, efficiency, and effectiveness of all research activities. The Institution identifies strengths and weaknesses of its policies and makes improvements, when necessary, to increase the quality, efficiency, and effectiveness of all research activities.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: C The Institution has and follows written policies and procedures so that Researchers and Research assistants may bring forward	**Retain:** 38(97.5%)	**Modify:** 2(5%)	**Expunge:** 0(0%)

	to the Institutions top management committee concerns or suggestions regarding all research activities, including the ethics review process.			
	Component: D The Institution has and follows written policies and procedures for addressing allegations and findings of non-compliance with its policies. The Institution works with the Health Research Ethics Committee when appropriate, to ensure that participants are protected when non-compliance occurs. Such policies and procedures include reporting these actions, when appropriate.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

4.5.5 Table 11: Standard 4 Components

Table 4.5.5 shows responses to standard 4 and its components for the accreditation of HREC host institution. 40 HRECs gave their opinion on this standard. On the average 96% of the responding HRECs agree that host institutions should have policies and procedures to identify, manage, and eliminate financial conflict of interest of the host institution, members of HREC, researchers and research assistants, that could influence the conduct of research or the integrity of research.

Standard	Components	Views of Respondents on the Components of this Standard		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 4 The Institution has and follows written policies and procedures to ensure that research is conducted so that financial conflicts of interest are identified, managed, and minimized or eliminated.				
	Component: A The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate financial conflicts of interest of the Institution that could influence the conduct of the research or the integrity of research.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	Component: B The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate individual financial conflicts of interest of Researchers and Research assistants that could influence the conduct of the research or the integrity of the research. The Institution works with the Health Research Ethics Committee in ensuring that financial conflicts of interest are managed and minimized or eliminated, when appropriate.	**Retain:** 38(95%)	**Modify:** 1(2.5%)	**Expunge:** 1(2.5%)

4.5.6 Table 12: Standard 5 Components

Table 4.5.6 shows responses to standard 5 and its components for the accreditation of HREC host institution. 40 HRECs gave their opinion on this standard. 98% of the responding HRECs agree that the host institution should have policies and procedures to ensure that the use of any investigational or unlicensed test article complies with all applicable legal and regulatory requirements

Standard	Components	Views of Respondents on the Components of this Standard		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 5 The Institution has and follows written policies and procedures to ensure that the use of any investigational or unlicensed test article complies with all applicable legal and regulatory requirements.				
	Component: A When research involves investigational or unlicensed test articles, the Institution confirms that the test articles have appropriate regulatory approval or meet exemptions for such approval.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)
	Component: B The Institution has and follows written policies and	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.			
	Component: C The Institution has and follows written policies and procedures for compliance with legal and regulatory requirements governing emergency use of an investigational or unlicensed test article.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

4.5.7 Table 13: Standard 6 Components

Table 4.5.7 shows responses to standard 6 and its components for the accreditation of HREC host institution. 40 HRECs gave their opinion on this standard. 94 % of the responding HRECs agree that the host institution has a written agreement with research sponsors that addresses dissemination of research findings; safety of data that could affect research participants even after research has ended; and medical care for research participants with a research related injury or ailment discovered during recruitment.

Standard	Components	Views of Respondents on the Components of this Standard		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 6 The Institution works with public, industry, and private Sponsors to protect research participants.				
	Component: A The Institution has a written agreement with the Sponsor that addresses medical care for research participants with a research-related injury, and ailments discovered during recruitment when appropriate.	**Retain:** 37(92.5%)	**Modify:** 2(5%)	**Expunge:** 1(2.5%)
	Component: B In studies where Sponsors conduct research site monitoring visits or conduct monitoring activities remotely, the	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)

	Institution has a written agreement with the Sponsor that the Sponsor promptly reports to the Institution findings that could affect the safety of participants or influence the conduct of the study.			
	Component: C When the Sponsor has the responsibility to conduct data and safety monitoring; the Institution has a written agreement with the Sponsor that addresses provisions for monitoring the data to ensure the safety of participants and for providing data and safety monitoring reports to the Institution.	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)
	Component: D Before initiating research, the Institution has a written	**Retain:** 37(92.5%)	**Modify:** 1(2.5%)	**Expunge:** 2(5%)

	agreement with the Sponsor about plans for disseminating findings from the research and the roles that Researchers and Sponsors will play in the publication or disclosure of results.			
	Component: E When participant safety could be directly affected by study results after the study has ended; the Institution has a written agreement with the Sponsor that the Researcher or Institution will be notified of the results in order to consider informing participant.	**Retain:** 37(92.5%)	**Modify:** 3(7.5%)	**Expunge:** 0(0%)

4.6 HEALTH RESEARCH ETHICS COMMITTEES ACCREDITATION

4.6.1 Figure B: Summary of responses from respondents on Health Research Ethics Committees Accreditation

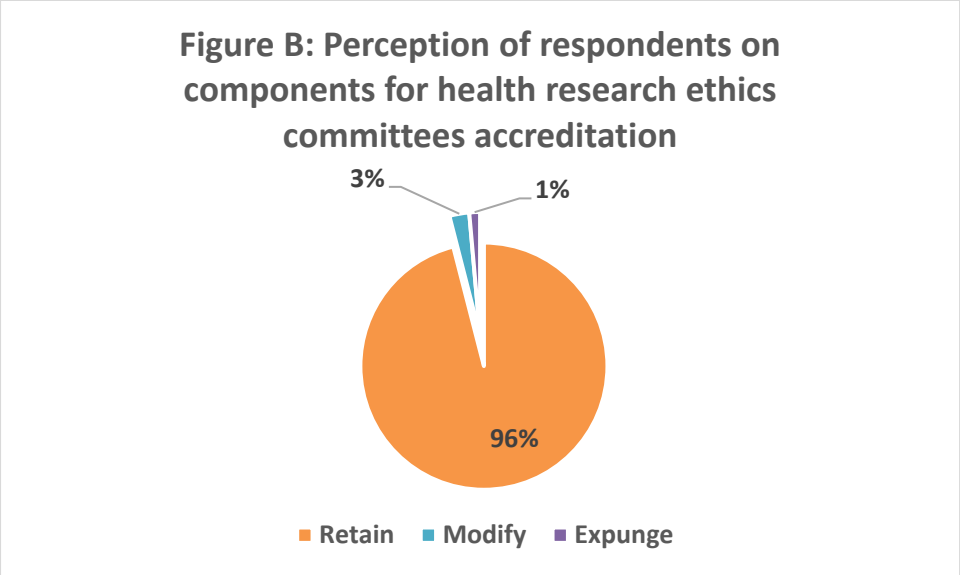

Figure B shows the summary of responses from respondents on the Health Research Ethics Committees Accreditation standards and components section of the proposed Model Accreditation System Toolkit. At least 32 (80%) of the respondents opined that 96% of the components should be retained as proposed, while less than 2% felt that some 3% of the components should be modified and an even lesser proportion felt that about 1% of the components should be expunged.

4.6.2 Table 14: Standard 1 Component

Table 4.6.2 shows responses to standard 1 and its components for the accreditation of the institutions HREC. 40 HRECs gave their opinion on this standard. At least 98% of the responding HRECs agree that HRECs must have qualified leadership, qualified members and staffs; policies and procedures that separate competing business interest from ethics review duties; make sure that

members and consultants do not participate in the review of research protocol in which they have conflict of interest; and ensures that research protocols are reviewed by individuals with appropriate scientific or scholarly expertise.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
		Retain: N (%)	**Modify:** N (%)	**Expunge:** N (%)
Standard: 1 The structure and composition of the HREC are appropriate to the amount and nature of the research reviewed and in accordance with requirements of applicable laws, regulations, codes, and guidance.				
	Component: A The HREC membership permits appropriate representation at the meeting for the types of research under review, and this is reflected on the HREC roster. The HREC has one or more unaffiliated members; one or more members who represent the general perspective of participants; one or more members who do not have scientific expertise; one or more members who have scientific or scholarly expertise; and, when the HREC	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)

	regularly reviews research that involves vulnerable participants, one or more members who are knowledgeable about or experienced in working with such participants.			
	Component: B The HREC has qualified leadership (e.g., chair and vice chair) and qualified members and staff. Membership and composition of the HREC are periodically reviewed and adjusted as appropriate.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)
	Component: C The HREC has and follows written policies and procedures to separate competing business interests from ethics review functions.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: D The HREC has and follows written policies and procedures so that members and consultants do not participate in the review of research protocols or plans in which they have a conflict of interest, except to provide information requested by the HREC.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: E The HREC has and follows written policies and procedures requiring	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	research protocols or plans to be reviewed by individuals with appropriate scientific or scholarly expertise and other expertise or knowledge as required to review the research protocol or plan.			

4.6.3 Table 15: Standard 2 Components

Table 4.6.3 shows responses to standard 2 and its components for the accreditation of the institutions HREC. 40 HRECs gave their opinion on this standard. 94% of the responding HRECs agree that HRECs must have policies and procedures for determining and reporting when research activities are exempt from applicable laws and regulations and protecting participants involved;

conducting meetings of convened HRECs; conducting review by expedited procedure; suspending or terminating HREC approval of research protocol; managing multisite research; and addressing unanticipated problems involving risk to participants and others.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 2 The HREC evaluates each research protocol or plan to ensure the protection of participants.				
	Component: A The HREC has and follows written policies and procedures for determining when activities are exempt from applicable laws and regulations, when permitted by law or regulation and exercised by the HREC. Such policies and procedures indicate that exemption determinations are not to be made by Researchers	**Retain:** 38(95%)	**Modify:** 1(2.5%)	**Expunge:** 1(2.5%)

	or others who might have a conflict of interest regarding the studies.			
	Component: B The HREC has and follows written policies and procedures for addressing protection of participants in research that is exempt from applicable laws and regulations.	**Retain:** 32(80%)	**Modify:** 5(12.5%)	**Expunge:** 3(7.5%)
	Component: C The HREC has and follows written policies and procedures for conducting meetings by the convened HREC.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)
	Component: D The HREC has and follows written policies and procedures to conduct reviews by the convened HREC.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	Component: E The HREC has and follows written policies and procedures to conduct reviews by an expedited procedure, if such procedure is used.	**Retain:** 38(95%)	**Modify:** 1(2.5%)	**Expunge:** 1(2.5%)
	Component: F The HREC has and follows written policies and procedures for addressing unanticipated problems involving risks to participants or others, and for reporting these actions, when appropriate.	**Retain:** 38(95%)	**Modify:** 1(2.5%)	**Expunge:** 1(2.5%)
	Component: G The HREC has and follows written policies and procedures for suspending or terminating HREC approval of research, if warranted, and for reporting these actions, when appropriate.	**Retain:** 39(97.5%)	**Modify:** 0(0%)	**Expunge:** 1(2.5%)

	Component: H The HREC has and follows policies and procedures for managing multi-site research by defining the responsibilities of participating sites that are relevant to the protection of research participants, such as reporting of unanticipated problems or interim results.	**Retain:** 38(95%)	**Modify:** 1(2.5%)	**Expunge:** 1(2.5%)

4.6.4 Table 16: Standard 3 Components

Table 4.6.4 shows responses to standard 3 and its components for the accreditation of the institutions HREC. 40 HRECs gave their opinion on this standard. 96% of the responding HRECs agree that HRECs mush have policies and procedures for approving waivers or alteration of the consent process and waivers of consent documentation; evaluation of the consent process; arrangements for maintaining the confidentiality of identifiable data; participants recruitment and

payment arrangements; data and safety monitoring; protection of privacy interest for research participants; and identifying and analyzing risks and identifying measures to minimize such risks.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
Standard: 3 The HREC approves each research protocol or plan according to criteria based on applicable laws, regulations, codes, and guidance.		**Retain:** **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
	Component: A The HREC has and follows written policies and procedures for identifying and analyzing risks and identifying measures to minimize such risks. The analysis of risk includes a determination that the risks to participants are reasonable in relation to the potential benefits to participants and to society.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)

	Component: B The HREC has and follows written policies and procedures for reviewing the plan for data and safety monitoring, when applicable, and determines that the data and safety monitoring plan provides adequate protection for participants.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: C The HREC has and follows written policies and procedures to evaluate the equitable selection of participants. The HREC has and follows written policies and procedures to review proposed participant recruitment methods, advertising materials, and payment arrangements and determines whether such arrangements are fair, accurate, and appropriate.	**Retain:** 37(92.5%)	**Modify:** 2(5%)	**Expunge:** 1(2.5%)

	Component: D The HREC has and follows written policies and procedures to evaluate the proposed arrangements for protecting the privacy interests of research participants, when appropriate, during their involvement in the research.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: E The HREC has and follows written policies and procedures to evaluate proposed arrangements for maintaining the confidentiality of identifiable data, when appropriate, preliminary to the research, during the research, and after the conclusion of the research.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)
	Component: F The HREC has and follows written policies and procedures to evaluate the consent process and to require	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)

	that the Researcher appropriately document the consent process.			
	Component: G The HREC has and follows written policies and procedures for approving waivers or alterations of the consent process and waivers of consent documentation.	**Retain:** 34(85%)	**Modify:** 2(5%)	**Expunge:** 4(10%)

4.6.5 Table 17: Standard 4 Components

Table 4.6.5 shows responses to standard 4 and its components for the accreditation of the institutions HREC. 40 HRECs gave their opinion on this standard.96% of responding HRECs agree that HRECs needs to provide additional protections to prospective participants who are vulnerable to coercion or undue influence; who cannot give consent or whose decision making

capacity is in question; and also have policies and procedures for making exceptions to consent requirements for planned emergency research and reviews protocol within the applicable laws, regulations, codes and guidance.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
		Retain: N (%)	**Modify:** N (%)	**Expunge:** N (%)
Standard: 4 **The HREC provides additional protections for individuals who are vulnerable to coercion or undue influence and participate in research**				
	Component: A The HREC has and follows written policies and procedures for determining the risks to prospective participants who are vulnerable to coercion or undue influence and ensuring	**Retain:** 39(97.5%)	**Modify:** 0(0%)	**Expunge:** 1(2.5%)

	that additional protections are provided as required by applicable laws, regulations, codes, and guidance.			
	Component: B The HREC has and follows written policies and procedures requiring appropriate protections for prospective participants who cannot give consent or whose decision-making capacity is in question	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: C The HREC has and follows written policies and procedures for making exceptions to consent requirements for planned emergency research and	**Retain:** 36(90%)	**Modify:** 4(10%)	**Expunge:** 0(0%)

	reviews such exceptions according to applicable laws, regulations, codes, and guidance.			

4.6.6 Table 18: Standard 5 Components

Table 4.6.6 shows responses to standard 5 and its components for the accreditation of the institutions HREC. 40 HRECs gave their opinion on this standard. At least 98% of responding HRECs agree that HRECs need to keep relevant materials needed to review research protocols for a period of time as stated in the legal and regulatory frameworks, sponsor requirements, and institutional policies and procedures.

Standard	Components	Views of Respondents on the Components of this Standard		
		Retain: N (%)	**Modify:** N (%)	**Expunge:** N (%)
Standard: 5 The HREC maintains documentation of its activities.				
	Component: A The HREC maintains a complete set of materials relevant to the review of the research protocol or plan for a period of time sufficient to comply with legal and regulatory requirements, Sponsor requirements, and	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	Institutional policies and procedures.			
	Component: B The HREC documents discussions and decisions on research studies and activities in accordance with legal and regulatory requirements, Sponsor requirements, if any, and Institutional policies and procedures.	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

4.7 RESEARCHERS AND RESEARCH ASSISTANTS ACCREDITATION

4.7.1 Figure C: Summary of responses from respondents on Researcher and Research Assistants Accreditation

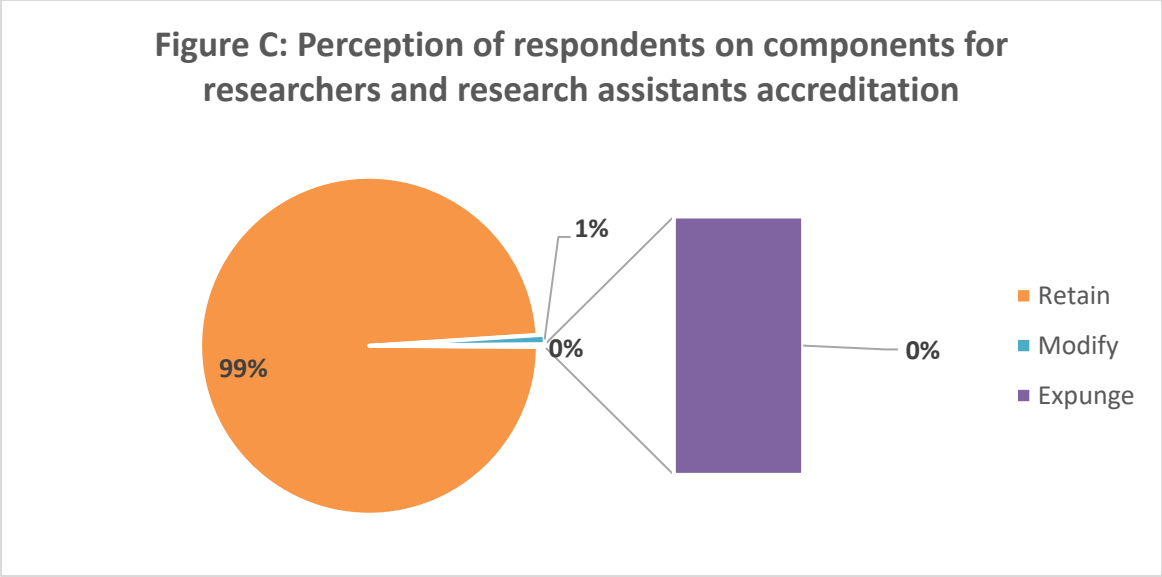

Figure C shows the summary of responses from respondents on the Researchers and Research Assistants Accreditation standards and components section of the proposed Model Accreditation System Toolkit. At least 38 of the 40 respondents to this section opined that 98.6% of the components should be retained.

4.7.2 Table 19: Standard 1 Component

Table 4.7.2 shows responses to standard 1 and its components for the accreditation of researchers and research assistants. 40 HRECs gave their opinion on this standard. Almost all the responding

HRECs agree that researchers and research assistants adhere strictly to ethical principles governing research involving human participants; follow applicable laws and regulations in designing protocol; identify and disclose financial interest according to institution policies and regulatory requirements so as to minimize or eliminate financial conflict of interest; determine that the resources necessary to protect participants are present before conducting research; employ consent processes comprehensible to the study population; recruit participants in a fair and equitable manner; and have processes to address participants concerns, complaints and request for information.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 1 Researchers and Research assistants follow applicable laws and regulations, they adhere to ethical principles and standards appropriate for their discipline. In designing and conducting research studies, Researchers and Research assistants have the protection of the rights and welfare of research participants as a primary concern.				

	Component: A Researchers and Research assistants know which of the activities they conduct involves research with human participants, and they seek guidance when appropriate.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: B Researchers and Research assistants identify and disclose financial interests according to institutional policies and regulatory requirements and, with the Institution, manage, minimize, or eliminate financial conflicts of interest.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: C Researchers employ sound study design in accordance with the standards of their discipline. Researchers design studies in a manner that minimizes risks to participants.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: D Researchers determine that the resources necessary to protect	**Retain:** 39(97.5%)	**Modify:** 1(2.5%)	**Expunge:** 0(0%)

	participants are present before conducting each research study.			
	Component: E Researchers and Research assistants recruit participants in a fair and equitable manner.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: F Researchers employ consent processes and methods of documentation appropriate to the type of research and the study population, emphasizing the importance of comprehension and voluntary participation to foster informed decision-making by participants.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)
	Component: G Researchers and Research assistants have a process to address participants' concerns, complaints, or requests for information.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)

4.7.3 Table 20: Standard 2 Components

Table 4.7.3 shows responses to standard 2 and its components for the accreditation of researchers and research assistants. 40 HRECs gave their opinion on this standard**.** 98% of the responding HRECs agree that researchers and research assistants must be qualified by training and experienced for their research roles; knowledgeable in all the relevant laws governing their research study before initiating the study; maintain appropriate oversight of each study as well as research assistants and trainees; adhere strictly to the research protocol as approved by the HREC and report appropriately.

Standard	**Components**	**Views of Respondents on the Components of this Standard**		
		Retain: **N (%)**	**Modify:** **N (%)**	**Expunge:** **N (%)**
Standard: 2 Researchers and Research assistants meet requirements for conducting research with participants and comply with all applicable laws, regulations, codes, and guidance; the Institution's policies and procedures for protecting research participants; and the HREC determinations.				

	Component: A Researchers and Research assistants are qualified by training and experience for their research roles, including knowledge of applicable laws, regulations, codes, and guidance; relevant professional standards; and the Institution's policies and procedures regarding the protection of research participants.	**Retain:** 38(95%)	**Modify:** 1(2.5%)	**Expunge:** 1(2.5%)
	Component: B Researchers maintain appropriate oversight of each research study, as well as Research assistants and trainees, and appropriately delegate research responsibilities and functions.	**Retain:** 38(95%)	**Modify:** 2(5%)	**Expunge:** 0(0%)
	Component: C Researchers and Research assistants follow the requirements of the research	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)

	protocol or plan and adhere to the policies and procedures of the Institution and to the requirements or determinations of the HREC.			
	Component: D Researchers and Research assistants follow reporting requirements in accordance with applicable laws, regulations, codes, and guidance; the Institution's policies and procedures; and the HREC's requirements.	**Retain:** 40(100%)	**Modify:** 0(0%)	**Expunge:** 0(0%)

CHAPTER FIVE

5.0 DISCUSSION AND RECOMMENDATION

Quality assurance in research can be achieved through the establishment of an accreditation system for HRECs that is robust, transparent, easy to implement with all the necessary guidelines, toolkits and checklist. This work was initiated after considering the limitations of the current registration system in Nigeria that lacks appropriate mechanism for oversight and proper recognition of HRECs, and also to provide a possible template for NHREC as the regulatory body for HRECs in Nigeria to develop and implement a modern accreditation system. NHREC gave ethical approval for this work and also supported it by providing a list of HRECs and possible platforms to access its chairmen, secretary, administrative officer or their representatives within the country both those registered and unregistered with the NHREC as possible respondents.

This work involved review and synthesis of some other existing accreditation system, their structures and mode of implementation, such as the Philippines Health Research Ethics Board accreditation system, Consultative Council for Human Research Ethics accreditation system in Melbourne, Association for the Accreditation of Human Research Protection Program(AAHRPP), and the Forum for Ethical Review Committees in the Asian and Western Pacific Regions(FERCAP) under its Strategic Initiative for Developing Capacity in Ethical Review(SIDCER) accreditation system[19, 26-28]. While all these systems were designed to address local needs, a number of them are at best quality assurance checklist, lacking the robustness of our view of a good accreditation system, except for the AAHRPP system. Such a

system I expected to have details of benchmarks, explanation of those benchmarks, ethical basis for the choice of the benchmark and means of evaluating the degree to which theses are met or otherwise by respective HRECs being accredited. This is important especially for a national system of accreditation. As such this accreditation toolkit is largely an adaptation of the AARHPP system using the National Code of Health Research Ethics in Nigeria (NCHRE) as its primary guidance reference, as well as relevant provisions in the WHO guideline and the ICH-GCP thus making it in conformity with internationally recognized standards[1, 23, 29]. I set for the benchmarks as "standards" and the means for evaluating attainment of each benchmark as "components". I validated the suitability or otherwise of each of the standards and components set forth in the accreditation tool kit with the potential end-users, the members of ethics committees and researchers in Nigeria. My respondents included Chairmen, Admin officers/Secretaries, and members of HRECs some of whom are also researchers in their own rights. Most of our respondents (96%) supported the retention of most of the standards and their corresponding components in the first draft of the accreditation document. This gives credence to the robustness of the AAHRPP document from where most of these were adapted. Some of the components were equally suggested for modification by some respondents and these include; i) Institutional accreditation standard and component that seeks to delegate responsibility of research activities to an official with sufficient standing, authority, and independence in order to ensure proper implementation and maintenance of research activities. Respondents opined that this duty should

be assigned to HREC or a special committee charged solely with management of issues arising from research instead of an official who could be possible influenced; ii) Institutional accreditation standard and component that makes it mandatory for the institution to have an education program that contributes to the improvement of the qualifications and expertise of individuals responsible for protecting the rights and welfare of research participants. Respondents opined that the institution may not necessarily have an education program in place but should have a policy that supports the sponsorship of staff involved in research activities for training so as to enhance their capacity; iii) Institutional accreditation standard and component policy that provides an avenue for researchers and research assistants to bring forward to the institution concerns or suggestions regarding all research activities including the ethics review process. Some respondents suggested that these concerns or suggestions should be reported directly to the institution's top management for necessary actions; iv) Institutional standard and component that suggest that the institution has written agreement with sponsors that addresses medical care for research participants with a research-related injury. It was suggested that ailments discovered during recruitments (incidental finding) should also be included in this component. These recommendations while laudable are a reflection of the current status of nearly all the HRECs in Nigeria and indeed in most African and other developing countries. The HRECs operate as standalone entities outside a coherent system of human research protection which typically has the mandate of defining and fostering

implementation of institution wide policies that ensure ethical research, of which having a functional ethics committee is only a part.

On the other hand the only Institutional accreditation standard and component suggested for expulsion was that which required that institutions have written agreement with the sponsor regarding plans for disseminating research findings and the roles researchers and sponsors will play in the publication or disclosure of result before commencement of any approved research. Respondents argued this was not necessary since this agreement is always contained in HREC SOPs and is part of their duties. However in considering this recommendation, it is important to note that the relevant component seeks to establish that this is done and not whether it is a policy. Thus it would not be advisable that this recommendation be upheld. On the other hand, respondents suggested modification of the following: i) the standard and component that mandates HRECS to have qualified leadership, members and staffs in its composition. It was suggested that a tenure of office for HREC members preferably 3 years should be included in this component; ii) the HREC accreditation standard and component for approving waivers or alterations of the consent process and waivers of consent documentation. It was suggested that waivers or alterations of the consent process and waivers of consent documentation should only be approved in retrospective research, iii) HREC accreditation standard and component for making exceptions to consent requirements in planned emergency research and review of such research. It was suggested that consent should also be obtained in emergency research without any waivers. Some respondent suggested the

merger of the HREC accreditation standard and component that deals with the conduct of reviews by a convened HREC with that dealing with the conduct of reviews by an expedited procedure; and also the merging of the the section on determination of when activities are exempt from applicable laws and regulations with that dealing with specific measures to address protection of participants in research that is determined to be exempt. While consideration could be given to recommendation (i) above, recommendations (ii) and (iii) are at variance with best practice under some specific research conditions. It is indeed a hard sell to stipulate that consent waivers should only be given in retrospective studies or that consent must be sought from a patient that is severely traumatised (for example patients at critical stage of Ebola Virus Infection) especially when the value of the research can be shown to outweigh any risk of participation without consent.

The critical analysis and consultation that this work has undergone, makes it a suitable tool for consideration and adoption by NHREC. Adoption and implementation may however face the challenge inherent in the nature of our HRECs being outside coherent human protection systems. If NHREC decides to implement in its entirety, the challenge would be that most institutions and HRECs would find it difficult to be accredited in the process. However, this could have the advantage of catalysing the development of 'real' human research protection systems in our institutions. An alternative approach would be a phased accreditation, starting with the HRECs first while working towards a comprehensive implementation of the accreditation system. Whichever implementation strategy is agreed by NHREC, a detailed implementation SOP would

need to be developed which specifies the scoring system, the accreditors and their qualifications, frequency of accreditation etc.

In conclusion, as part of my recommendations, NHREC should consider instituting a standard Model Accreditation System that involves HREC registration; HREC self-assessment; NHREC onsite visitation/evaluation; and award of credits/accreditation certificates for HRECs. Also, the Model Accreditation Toolkit can be incorporated by NHREC and made available to all stakeholders involved in health research ethics in Nigeria, the HRECs and NHREC evaluation team can use it as a guidance document as they prepare to undergo accreditation and in the discharge of their duties. This work is an important input towards development of a robust accreditation system for HRECs in Nigeria. It will go a long way in complementing the HREC registration and categorisation system put in place by NHREC towards assuring the integrity and quality of HRECs and the human research participant protection system being championed by NHREC.

5.1 LIMITATIONS

This study was conducted entirely through self-administered questionnaires. Considering that ethics awareness is a recent development in Nigeria, some of the response may have been provided with limited appreciation of the true meanings of the various standards and components. A face-to-face process either using focused group discussions, key informant or in-depth interview would have addressed this concern. I was limited due to time and resources in conducting this. However there is the opportunity that NHREC could convene a stakeholders meeting to discuss this document as part of the process for possible adoption.

GLOSSARY OF ACRONYMS

AAHRPP Association for the Accreditation of Human Research Protection Program

CCHREC	Consultative Council for Human Research Ethics Committees
CIOMS	Council for International Organization of Medical Sciences
FERCAP	Forum for Ethical Review Committees in the Asian and Western Pacific Region
HREC	Health Research Ethics Committees
ICH-GCP	International Conference on Harmonization - Good Clinical Practice
ICMR	Indian Council of Medical Research
NABDA	National Biotechnology Development Agency
NCHRE	National Code for Health Research Ethics
NHREC	National Health Research Ethics Committee
NRES	National Health Research Service
PHREB	Philippine Health Research Ethics Board
SIDECER	Strategic Initiative for Developing Capacity in Ethical Review
WHO-TDR	World Health Organization-Tropical Disease Research

CONSENT SCRIPT

Dear Sir/Madam

This process is being conducted as part of the requirement for the award of the Master of Health Science Degree in Bioethics under the College of Medicine, University of Ibadan. The purpose of

this process is to develop a tool that may be used by the National Health Research Ethics Committee (NHREC) of Nigeria to further improve the quality of its registration/audit/accreditation for Health Research Ethics Committee (HREC) in Nigeria.

You are being invited to participate in this exercise to evaluate the proposed REC accreditation model because you are a chairman, secretary, administrative officer or member of an NHREC registered HREC. Your participation is completely voluntary and you free to decline participation at any point in time. Your response will be completely anonymous and no information will be collected that could be used to link your responses back to you.

We believe this is an important undertaking and will greatly appreciate if you are able to respond to the questions for the evaluation of the model REC accreditation toolkit. Please note that by responding to this survey, implies you have given us your consent for this activity.

This study has been approved NHREC and you may wish to contact the Committee should you have concerns about your rights via the following: e-mail - chairman@nhrec.net; deskofficer@nhrec.net; or via mobile phone - +234(0)8065479926.

If you are responding to this study via e-mail and you wish to have more information about the study, you may wish to contact the student investigator via the following: Uchenna Bertram Uwaeme, uchbet@yahoo.com, +234(0)8036102237.

Please check the box below that qualifies your consent to participate in this study.

☐ I give my consent to participate in this study

☐ I do not consent to participate in this study

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APPENDIX 1

PERCEPTIONS OF HREC MEMBERS ABOUT THE SECTIONS, STANDARDS AND COMPONENTS OF THE PROPOSED ACCREDITATION TOOL FOR HRECS IN NIGERIA

CONSENT SCRIPT

Dear Sir/Madam

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We believe this is an important undertaking and will greatly appreciate if you are able to respond to the questions for the evaluation of the model REC accreditation toolkit. Please note that by responding to this survey, implies you have given us your consent for this activity.

This study has been approved NHREC and you may wish to contact the Committee should you have concerns about your rights via the following: e-mail - chairman@nhrec.net; deskofficer@nhrec.net; or via mobile phone - +234(0)8065479926.

If you are responding to this study via e-mail and you wish to have more information about the study, you may wish to contact the student investigator via the following: Uchenna Bertram Uwaeme, uchbet@yahoo.com, +234(0)8036102237.

Please check the box below that qualifies your consent to participate in this study.

☐ I give my consent to participate in this study

☐ I do not consent to participate in this study

RATIONALE AND OBJECTIVES

The research ethics regulatory system in Nigeria has been undergoing reforms since 2006 as a result of a Presidential Directive. The National Health Research Ethics Committee (NHREC) which is the apex body responsible for providing and ensuring adherence to regulations for the ethical conduct of research in the country, developed the National Code for Health Research Ethics(NCHRE) as a primary guidance document. A key mandate of NHREC is continuous quality improvement of Health Research Ethics Committees (HRECs) in Nigeria. This is to be achieved through registration, audit and accreditation.

NHREC had commenced registration of HRECs since 2006. This registration process captures basic demographic data of the HRECs, membership roaster to ensure diversity of members and evidence of introductory training in research ethics for the HREC members. It also contains a section which commits the head of host institution to provide their HRECs with liability coverage and all necessary support for optimal operations. This registration system however falls short of evaluating all the key components required for quality HREC operations as recommended in the National Code for Health Research Ethics (NCHRE), the World Health Organization Tropical Disease Research (WHO-TDR) Standards for RECS that Review Biomedical Research, the International Committee on Harmonization-Good Clinical Practice Guidance (ICH-GCP) and other similar guidelines.

NHREC is proposing to develop a robust accreditation tool and policy that will overcome the limitations in the current registration system. While the registration system will be the first point of recognition for HRECs within the Nigerian Human Research Protection System, the accreditation tool will be used to continuously assure the quality of all registered HRECs. The accreditation tool being proposed for NHREC is divided into three sections. Each section has standards all of which need to be met by an HREC as well as components which are sort of more tangible indicators that contribute to the attainment of each specific standard.

HOW THE ACCREDITATION TOOL KIT WOULD BE USED

The HREC Accreditation Tool Kit would be meant for use by Institutions seeking accreditation from the National Health Research Ethics Committee of Nigeria (NHREC) and by site visitors who evaluate Institutions on behalf of the National Health Research Ethics Committee (NHREC). This Accreditation Tool Kit would provide the information necessary to meet each component, and is divided into three sections:

- Host Institution,
- Research Ethics Committee; and
- Researchers and Research Assistants.

Within each section are standards, and for each standard there is a component that provide more specificity for the standard. Each component contains five parts: Introduction, Needed Written Documents, Relevant Documents, Results, and Regulatory and Guidance References. To achieve accreditation, an Institution would be required to meet all the accreditation Standards and Components. If an Institution meets the component(s) for a particular standard, it meets the standard.

For each of the following sections, and associated standards and components below, please indicate your opinion if you think it should be retained, modified, or expunged.

Note: Please enter your opinion (Retain or Yes, Modify or Amend or Expunge or No) under the "Perception about standards and components" column and if you choose that a given standard or its associated component(s) should be modified or amended, make your suggestions under the "Remark" column. Please you can as well suggest new sections, standards and its associated components as part of your recommendations.

SECTION I

HOST INSTITUTION

Introduction

This Section describes the structural characteristics of the entity that has the responsibility of providing an environment conducive for research activities to take place, enacting laws governing the conduct of research, establishment of HRECs and applies for accreditation. This will typically be by the provost of the university, the head of an extra university unit, the head of a research institute or the head of any institution that is established with a primary mandate to conduct research in Nigeria. The Institution is responsible for ensuring adherence to the policies instituted by the HREC for promoting ethical research in the institution, as well as continuous capacity building, provision of adequate resources and responsible for HREC liabilities. The Institutional structure is the means by which the Institution meets the range of responsibilities involved in the conduct of research. The Institution applies its policies and program to all research regardless of funding source, type of research, or place of conduct of the research. The Institution exercises these responsibilities through relationships with Researchers and Research assistants, HRECs, Sponsors, Participants, and the Community.

An Institution has the responsibility not only to protect the rights and welfare of human research participants but also to involve research participants in the research enterprise. The involvement of research participants at every stage of the research enterprise helps everyone to achieve the ethical principle of respect for persons. In addition to enhancing the appropriate safeguards and protecting the rights and welfare of research participants, involving research participants in the research process can improve recruitment and retention of participants and also improve the overall quality of research.

For each of the standards and components for this section, please indicate the option that best fits your opinion; if you think it should be retained, modified, or expunged. If you recommend that a given standard or its associated component(s) should be modified, please suggest those modification(s) under the “remarks” column.

Standards and Components	Perception about standards and components	Remarks
Standard I: The Institution has a systematic and comprehensive policies and program that affords protections for all research participants. Individuals within the Institution are knowledgeable about and follow the policies and procedures for protection of research participants.		
Component: I.A. The Institution has and follows written policies and procedures for determining when an activity constitutes research.		
Component: I.B. The Institution delegates responsibility of research activities to an official with sufficient standing, authority, and independence to ensure implementation and maintenance of research activities.		
Component: I.C. The Institution has and follows written policies and procedures that allow the Health Research Ethics Committee to function independently of other institutional entities in protecting research participants.		
Component: I.D. The Institution has and follows written policies and procedures setting forth the ethical standards and practices governing research. Relevant policies and procedures are made available to Sponsors, Researchers, Research assistants, Research participants, and the Health Research Ethics Committee, as appropriate.		
Component: I.E. The Institution has an education program that contributes to the improvement of the qualifications and expertise of individuals responsible for protecting the rights and welfare of research participants.		
Component: I.F. The Institution has and follows written policies and procedures for reviewing the scientific or scholarly validity of a proposed research study. Such procedures are coordinated with the ethics review process.		
Component: I.G. The Institution has and follows written policies and procedures that identify applicable laws in the localities where it conducts human research, takes them into account in the review and conduct of research, and resolves differences between federal or national law and local laws.		

Standards and Components	Perception about standards and components	Remarks
Standard 2: The Institution responds to the concerns of research participants.		
Component: 2.A. The Institution has and follows written policies and procedures that establish a safe, confidential, and reliable channel for current, prospective, or past research participants or their designated representatives that permits them to discuss problems, concerns, and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol or plan.		
Component: 2.B. The Institution conducts activities designed to enhance understanding of human research by participants, prospective participants, or their communities, when appropriate. These activities are evaluated on a regular basis for improvement.		
Component: 2.C. The Institution promotes the involvement of community members, when appropriate, in the design and implementation of research and the dissemination of result.		
Component: 2.D. The Institution provides resources sufficient to protect the rights and welfare of research participants for the research activities that the Institution conducts or oversees.		
Component: 2.E. The Institution's transnational research activities are consistent with the ethical principles set forth in its policies and program and meet equivalent levels of participant protection as research conducted in the Institution's principal location while complying with local laws and taking into account cultural context.		

Standards and Components	Perception about standards and components	Remarks
Standard 3: The Institution measures and improves, when necessary, compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution also measures and		

improves, when necessary, the quality, effectiveness, and efficiency of its policies.		
Component: 3.A. The Institution conducts audits or surveys or uses other methods to assess compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution makes improvements to increase compliance, when necessary.		
Component: 3.B. The Institution conducts audits or surveys or uses other methods to assess the quality, efficiency, and effectiveness of all research activities. The Institution identifies strengths and weaknesses of its policies and makes improvements, when necessary, to increase the quality, efficiency, and effectiveness of all research activities.		
Component: 3.C. The Institution has and follows written policies and procedures so that Researchers and Research assistants may bring forward to the Institution concerns or suggestions regarding all research activities, including the ethics review process.		
Component: 3.D. The Institution has and follows written policies and procedures for addressing allegations and findings of non-compliance with its policies. The Institution works with the Health Research Ethics Committee when appropriate, to ensure that participants are protected when non-compliance occurs. Such policies and procedures include reporting these actions, when appropriate.		

Standards and Components	**Perception about standards and components**	**Remarks**
Standard 4: The Institution has and follows written policies and procedures to ensure that research is conducted so that financial conflicts of interest are identified, managed, and minimized or eliminated.		
Component: 4.A. The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate financial conflicts of interest of the Institution that could influence the conduct of the research or the integrity of research.		
Component: 4.B. The Institution has and follows written policies and procedures to identify, manage, and minimize		

or eliminate individual financial conflicts of interest of Researchers and Research assistants that could influence the conduct of the research or the integrity of the research. The Institution works with the Health Research Ethics Committee in ensuring that financial conflicts of interest are managed and minimized or eliminated, when appropriate.		

Standards and Components	**Perception about standards and components**	**Remarks**
Standard 5: The Institution has and follows written policies and procedures to ensure that the use of any investigational or unlicensed test article complies with all applicable legal and regulatory requirements.		
Component: 5.A. When research involves investigational or unlicensed test articles, the Institution confirms that the test articles have appropriate regulatory approval or meet exemptions for such approval.		
Component: 5.B. The Institution has and follows written policies and procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.		
Component: 5.C. The Institution has and follows written policies and procedures for compliance with legal and regulatory requirements governing emergency use of an investigational or unlicensed test article.		

Standards and Components	Perception about standards and components	Remarks
Standard 6: The Institution works with public, industry, and private Sponsors to protect research participants.		
Component: 6.A. The Institution has a written agreement with the Sponsor that addresses medical care for research participants with a research-related injury, when appropriate.		
Component: 6.B. In studies where Sponsors conduct research site monitoring visits or conduct monitoring activities remotely, the Institution has a written agreement with the Sponsor that the Sponsor promptly reports to the Institution findings that could affect the safety of participants or influence the conduct of the study.		
Component: 6.C. When the Sponsor has the responsibility to conduct data and safety monitoring, the Institution has a written agreement with the Sponsor that addresses provisions for monitoring the data to ensure the safety of participants and for providing data and safety monitoring reports to the Institution.		
Component: 6.D. Before initiating research, the Institution has a written agreement with the Sponsor about plans for disseminating findings from the research and the roles that Researchers and Sponsors will play in the publication or disclosure of results.		
Component: 6.E. When participant safety could be directly affected by study results after the study has ended, the Institution has a written agreement with the Sponsor that the Researcher or Institution will be notified of the results in order to consider informing participant.		

SECTION II

HEALTH RESEARCH ETHICS COMMITTEES

Introduction

In research, responsibilities must be delegated for providing ethical review and oversight of research. These responsibilities are distributed differently in different institutions; in many institutions, the Health Research Ethics Committee (HREC), along with the support personnel and systems, provide these functions. In more complex organizations, there might be multiple HRECs and a general oversight office. This Section describes requirements for the ethical oversight of research.

A HREC is a body established generally under laws, regulations, codes, and guidance to protect the rights and welfare of human research participants. The HRECs must have mechanisms in place to ensure the independence of its ethics review and oversight functions from other units within the Institution, particularly with respect to decision-making regarding the ethics of research involving human participants. HREC structure, composition, operations, and review standards are set forth in laws, regulations, codes, and guidance.

For each of the standards and components for this section, please indicate the option that best fits your opinion; if you think it should be retained, modified, or expunged. If you recommend that a given standard or its associated component(s) should be modified, please suggest those modification(s) under the "remarks" column.

Standards and Components	Perception about standards and components	Remarks
Standard 1: The structure and composition of the HREC are appropriate to the amount and nature of the research reviewed and in accordance with requirements of applicable laws, regulations, codes, and guidance.		
Component: 1.A. The HREC membership permits appropriate representation at the meeting for the types of research under review, and this is reflected on the HREC roster. The HREC has one or more unaffiliated members; one or more members who represent the general perspective of		

participants; one or more members who do not have scientific expertise; one or more members who have scientific or scholarly expertise; and, when the HREC regularly reviews research that involves vulnerable participants, one or more members who are knowledgeable about or experienced in working with such participants.		
Component: 1.B. The HREC has qualified leadership (e.g., chair and vice chair) and qualified members and staff. Membership and composition of the HREC are periodically reviewed and adjusted as appropriate.		
Component: 1.C. The HREC has and follows written policies and procedures to separate competing business interests from ethics review functions.		
Component: 1.D. The HREC has and follows written policies and procedures so that members and consultants do not participate in the review of research protocols or plans in which they have a conflict of interest, except to provide information requested by the HREC.		
Component: 1.E. The HREC has and follows written policies and procedures requiring research protocols or plans to be reviewed by individuals with appropriate scientific or scholarly expertise and other expertise or knowledge as required to review the research protocol or plan.		

Standards and Components	**Perception about standards and components**	**Remarks**
Standard 2: The HREC evaluates each research protocol or plan to ensure the protection of participants.		
Component: 2.A. The HREC has and follows written policies and procedures for determining when activities are exempt from applicable laws and regulations, when permitted by law		

or regulation and exercised by the HREC. Such policies and procedures indicate that exemption determinations are not to be made by Researchers or others who might have a conflict of interest regarding the studies.		
Component: 2.B. The HREC has and follows written policies and procedures for addressing protection of participants in research that is exempt from applicable laws and regulations. These functions may be delegated to an entity other than the HREC.		
Component: 2.C. The HREC has and follows written policies and procedures for conducting meetings by the convened REC.		
Component: 2.D. The HREC has and follows written policies and procedures to conduct reviews by the convened REC.		
Component: 2.E. The HREC has and follows written policies and procedures to conduct reviews by an expedited procedure, if such procedure is used.		
Component: 2.F. The HREC has and follows written policies and procedures for addressing unanticipated problems involving risks to participants or others, and for reporting these actions, when appropriate.		
Component: 2.G. The HREC has and follows written policies and procedures for suspending or terminating HREC approval of research, if warranted, and for reporting these actions, when appropriate.		
Component: 2.H. The HREC has and follows policies and procedures for managing multi-site research by defining the responsibilities of participating sites that are relevant to the protection of research participants, such as reporting of unanticipated problems or interim results.		

Standards and Components	**Perception about standard and components**	**Remarks**
Standard 3: The HREC approves each research protocol or plan according to criteria based on applicable laws, regulations, codes, and guidance.		
Component: 3.A. The HREC has and follows written policies and procedures for identifying and analyzing risks and		

identifying measures to minimize such risks. The analysis of risk includes a determination that the risks to participants are reasonable in relation to the potential benefits to participants and to society.		
Component: 3.B. The HREC has and follows written policies and procedures for reviewing the plan for data and safety monitoring, when applicable, and determines that the data and safety monitoring plan provides adequate protection for participants.		
Component: 3.C. The HREC has and follows written policies and procedures to evaluate the equitable selection of participants. The HREC has and follows written policies and procedures to review proposed participant recruitment methods, advertising materials, and payment arrangements and determines whether such arrangements are fair, accurate, and appropriate.		
Component: 3.D. The HREC has and follows written policies and procedures to evaluate the proposed arrangements for protecting the privacy interests of research participants, when appropriate, during their involvement in the research.		
Component: 3.E. The HREC has and follows written policies and procedures to evaluate proposed arrangements for maintaining the confidentiality of identifiable data, when appropriate, preliminary to the research, during the research, and after the conclusion of the research.		
Component: 3.F. The HREC has and follows written policies and procedures to evaluate the consent process and to require that the Researcher appropriately document the consent process.		
Component: 3.G. The HREC has and follows written policies and procedures for approving waivers or alterations of the consent process and waivers of consent documentation.		

Standards and Components	Perception about standards and components	Remarks
Standard 4: **The HREC provides additional protections for individuals who are vulnerable to coercion or undue influence and participate in research.**		
Component: 4.A. The HREC has and follows written policies and procedures for determining the risks to prospective participants who are vulnerable to coercion or undue influence and ensuring that additional protections are provided as required by applicable laws, regulations, codes, and guidance.		
Component: 4.B. The HREC has and follows written policies and procedures requiring appropriate protections for prospective participants who cannot give consent or whose decision-making capacity is in question.		
Component: 4.C. The HREC has and follows written policies and procedures for making exceptions to consent requirements for planned emergency research and reviews such exceptions according to applicable laws, regulations, codes, and guidance.		

Standards and Components	Perception about standards and components	Remarks
Standard 5: The HREC maintains documentation of its activities.		
Component: 5.A. The HREC maintains a complete set of materials relevant to the review of the research protocol or plan for a period of time sufficient to comply with legal and regulatory requirements, Sponsor requirements, and Institutional policies and procedures.		
Component: 5.B. The HREC documents discussions and decisions on research studies and activities in accordance with legal and regulatory requirements, Sponsor requirements, if any, and Institutional policies and procedures.		

SECTION III

RESEARCHERS AND RESEARCH ASSISTANTS

Introduction

The environment in which Researchers and Research Assistants conduct research and the type of research they conduct influence their roles and responsibilities. Competent, informed, conscientious, compassionate, and responsible Researchers and Research Assistants provide the best possible protection for human research participants.

This Section of Standards and Components sets forth requirements for Researchers and Research Assistants involved in research using human participants. As part of its policies and program, an Institution can improve its protection of research participants if it has arrangements ascertaining and enhancing the competence of Researchers and Research Assistants.

For each of the standards and components for this section, please indicate the option that best fits your opinion; if you think it should be retained, modified, or expunged. If you recommend that a given standard or its associated component(s) should be modified, please suggest those modification(s) under the “remarks” column.

Standards and Components	Perception about standards and components	Remarks
Standard 1: Researchers and Research assistants follow applicable laws and regulations, they adhere to ethical principles and standards appropriate for their discipline. In designing and conducting research studies, Researchers and Research assistants have the protection of the rights and welfare of research participants as a primary concern.		
Component: 1.A. Researchers and Research assistants know which of the activities they conduct involves research with human participants, and they seek guidance when appropriate.		
Component:1.B. Researchers and Research assistants identify and disclose financial interests according to institutional policies and regulatory requirements and, with the Institution, manage, minimize, or eliminate financial conflicts of interest.		
Component: 1.C. Researchers employ sound study design in accordance with the standards of their discipline. Researchers design studies in a manner that minimizes risks to participants.		
Component: 1.D. Researchers determine that the resources necessary to protect participants are present before conducting each research study.		
Component: 1.E. Researchers and Research assistants recruit participants in a fair and equitable manner.		
Component: 1.F. Researchers employ consent processes and methods of documentation appropriate to the type of research and the study population, emphasizing the importance of comprehension and voluntary participation to foster informed decision-making by participants.		
Component: 1.G. Researchers and Research assistants have a process to address participants' concerns, complaints, or requests for information.		

Standards and Components	Perception about standards and components	Remarks
Standard 2: Researchers and Research assistants meet requirements for conducting research with participants and comply with all applicable laws, regulations, codes,		

Standards and Components	Perception about standards and components	Remarks
and guidance; the Institution's policies and procedures for protecting research participants; and the HREC determinations.		
Component: 2.A. Researchers and Research assistants are qualified by training and experience for their research roles, including knowledge of applicable laws, regulations, codes, and guidance; relevant professional standards; and the Institution's policies and procedures regarding the protection of research participants.		
Component: 2.B. Researchers maintain appropriate oversight of each research study, as well as Research assistants and trainees, and appropriately delegate research responsibilities and functions.		
Component: 2.C. Researchers and Research assistants follow the requirements of the research protocol or plan and adhere to the policies and procedures of the Institution and to the requirements or determinations of the HREC.		
Component: 2.D. Researchers and Research assistants follow reporting requirements in accordance with applicable laws, regulations, codes, and guidance; the Institution's policies and procedures; and the REC's requirements.		

APPENDIX 2

HREC Evaluation Checklist

Instructions:
Users of this document should consider an Evaluation Area satisfied only when each of the items reflected in the boxes below is specifically addressed in an HREC's policies and procedures. For instance, in Area 2 below, an evaluator is asked to verify that the HREC's policies and procedures address the following:

Policies and procedures require that the HREC periodically evaluates the performance of and provides feedback to: HREC members. HREC chairs. HREC staff.

NHREC would not consider the above box satisfied if policies and procedures included only the statement reflected in Sample 1 below. However, NHREC would consider the evaluation box satisfied if the policies and procedures included language reflected in Sample 2 below.

Sample 1
HREC members will be periodically evaluated.

Sample 2
A performance evaluation for HREC members, chairs, and staff will occur on annual basis.

HREC members will be evaluated by the HREC administrator in coordination with the HREC chair in December of each year. The HREC administrator and chair will complete an HREC Member Evaluation Form for each member and present the results of their evaluation to the HREC member in a face-to-face meeting. Each HREC member will have the opportunity to discuss the results of their evaluation with the HREC chair and HREC administrator in detail.

The HREC chair will be evaluated by the HREC administrator in coordination with the vice president of regulatory affairs in December of each year. The HREC administrator and vice president of regulatory affairs will complete the HREC Chair Evaluation Form and present the results of their evaluation to the HREC chair in a face-to-face meeting. The HREC chair will have the opportunity to discuss the results of their evaluation with the HREC chair and vice president of regulatory affairs in detail.

Members of the HREC staff will be evaluated by the HREC administrator and HREC manager in December of each year. The HREC administrator and manager will complete a Staff

Evaluation Form for each member of the staff and present the results of their evaluation in a face-to-face meeting. Each staff member will have the opportunity to discuss the results of their evaluation with the HREC administrator and manager in detail.

Evaluation Areas	Status	Comments
Area 1: HREC Membership and Attendance (Component II.1.A. and II.2.C.) Policies and procedures describe: A majority of HREC members are present at HREC meetings. At least one member whose primary concerns is in nonscientific area is present at meetings of the convened HREC. For research to be approved, it receives the approval of a majority of members present at the meeting. If quorum is lost during a meeting, the HREC does not take votes until it is restored. In general, at least one unaffiliated member is present at convened meetings (Present at 10 out of 12 meetings).	☐Yes ☐No	**COMMENTS:**

In general, at least one member who represents the general perspective of participants is present at convened meetings (Present at 10 out of 12 meetings). If the HREC reviews research that involves vulnerable participants, one or more individuals who are knowledgeable about or experienced in working with such participants are present.		
HREC rosters include: Names. Earned degrees. Representative capacities in terms of the vulnerable populations, if any, each member is knowledgeable about or experienced in working with such populations. Scientific/nonscientific status. Affiliation status (whether the member or an immediate family member of the member is affiliated with the institution). Indications of experience sufficient to describe each HREC member's chief anticipated contributions. Employment or other relationship between each HREC member and the institution. Alternate members. The primary members or class of primary members for whom each alternate member can substitute.	☐Yes ☐No	**COMMENTS:**
Each HREC is appropriately constituted: Each HREC has at least five members with varying backgrounds to promote complete and adequate review of research commonly reviewed by the organization. Each HREC has male and female members. Each HREC has members who represent different professions. Each HREC has at least one member whose primary concerns are in scientific areas.	☐Yes ☐No	**COMMENTS:**

Each HREC has at least one member whose primary concerns are in nonscientific areas. Each HREC has at least one member who is not otherwise affiliated with the institution and who is not part of the immediate family of a person who is affiliated with the organization. Each HREC has at least one member who represents the perspective of research participants.		
Area 2: HREC Member Appointment and Evaluation (Component II.1.B.)		
Policies and procedures describe the HREC's process to appoint: HREC members. HREC chairs. Alternate members.	☐Yes ☐No	**COMMENTS:**
Policies and procedures require that the HREC periodically evaluates the performance of and provides feedback to: HREC members. HREC chairs. HREC staff.	☐Yes ☐No	**COMMENTS:**
Policies and procedures require that the HREC periodically evaluates, and if necessary, adjusts the membership and composition of the HREC to meet regulatory and institutional requirements.	☐Yes ☐No	**COMMENTS:**

Area 3: Separation of Business and Review Functions Policies and procedures prohibit individuals who are responsible for business development from: Serving as members or ex-officio members on the HREC. Carrying out day-to-day operations of the review process. Policies and procedures prohibit HREC members from owning equity in the institution. **(Component II.1.C.)**	☐Yes ☐No	**COMMENTS:**
Area 4: HREC Member and Consultant Conflicts of Interest (Component II.1.D.) Policies and procedures define when an HREC member or consultant is considered to have a conflict of interest. The definition considers: Non-financial interests, including: Involvement in the design, conduct, or reporting of the research. Involvement of immediate family in the design, conduct, or reporting of the research. Financial interests, including: Financial interests of HREC members and consultants. Financial interests of immediate family members of investigators. Financial interests related to the research. The HREC defines immediate family members as one's spouse and independent children.	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe the process to identify HREC members with a conflict of interest for: Review by a convened HREC. Review using the expedited procedure. HREC members with a conflict of interest: Are excluded from discussion except to provide information requested by the HREC. Are excluded from voting. Leave the meeting room for discussion and voting. Are not counted towards quorum.	☐Yes ☐No	**COMMENTS:**

There is a process to identify consultants with a conflict of interest. Consultants with conflict of interest do not provide information to the HREC or consultants with conflict of interests are disclosed to the HREC with the information provided by the consultant.		
Area 5: Delegation of HREC Review (Component II.1.E.) Policies and procedures describe: Someone is responsible to evaluate each protocol and determine that at least on HREC member with appropriate scientific expertise will conduct an in-depth review of the protocol. When the HREC reviews research that involves participants likely to be vulnerable, someone is responsible to evaluate each protocol and ensure that at least one HREC member knowledgeable about or experienced in working with such participants will be present at the meeting. The HREC defers to another meeting or obtains consultation if there is not at least one person on the HREC with appropriate scientific or scholarly expertise to conduct an in-depth review of the protocol.	☐Yes ☐No	**COMMENTS:**

Area 6: HREC Review of Research (Initial Review, Continuing Review, Review of Modifications) (Component II.2.D.)		
Policies and procedures describe the process the HREC uses to review research for initial review, continuing review, and review of modifications to previously approved research. The description includes the following: The primary reviewer system used, if any. The process used to supplement the HREC's or EC's review. The range of possible actions that the HREC is allowed to take. A process for the HREC to determine which protocols need review more often than annually. Policies and procedures have the HREC use the required criteria for approval for all reviews of research, including initial review, continuing review, and review of a modification to previously approved (when the modification affects a criterion for approval). Policies and procedures describe: The organizational offices and officials who are notified of the findings of the HREC and the method of notification. The person or office that is responsible for further approval or disapproval of research that is approved by the HREC. The process the HREC uses for reporting its findings and actions to researchers in writing, including: o The decision to approve, disapprove or require modifications to secure approval. o Any modifications or clarifications required by the HREC as a condition for HREC approval. o If an HREC decides to disapprove a research activity, a statement of the reasons for its decision and giving the Researcher an opportunity to respond in person or in writing.	☐Yes ☐No	**COMMENTS:** **COMMENTS:**
Policies and procedures describe the calculation of the expiration date of research. The calculation of the approval period for research is based on the date of the convened meeting at which the HREC approves the protocol or approves the protocol with modifications.	☐Yes ☐No	**COMMENTS:**

Initial Review For initial review of research by a convened HREC, policies and procedures indicate that when they are scheduled to attend an HREC meeting, all members (including attending alternate members) are provided and review: The full protocol, application, or a protocol summary containing the relevant information to determine whether the proposed research fulfills the criteria for approval. Proposed consent document. Recruitment materials. Policies and procedures indicate that at least one member is provided and reviews the investigator's brochure (when one exists).	☐Yes ☐No	**COMMENTS:**
Continuing Review Policies and procedures describe that for continuing review of research by a convened HREC, all HREC members are provided with and review: The full protocol, application, or a protocol summary containing the relevant information necessary to determine whether the proposed research continues to fulfill the criteria for approval. The current consent document. Any newly proposed consent document. A status report on the progress of the research. For continuing review of research by a convened HREC, policies and procedures indicate that at least one HREC member is provided and reviews the complete protocol including any protocol modifications previously approved by the HREC. Policies and procedures have the HREC determine whether continuing review should occur at an interval less than one year. Policies and procedures describe: Whether the expiration date is the last date that the protocol is approved or the first date that the protocol is no longer approved. The calculation of the expiration date. For continuing review of research, policies and procedures have the HREC determine:	☐Yes ☐No	

The protocols that need verification from sources other than the researchers that no material changes had occurred since previous HREC review. That the current consent document is still accurate and complete. That any significant new findings that arise from the review process and that may relate to participants' willingness to continue participation will be provided to participants. If a researcher does not provide continuing review information to the HREC or the HREC has not approved a protocol by the expiration date, policies and procedures: Have all research activities stop. Have interventions and interactions on current participants stop, unless the HREC finds an over-riding safety concern or ethical issue involved such that it is in the best interests of individual participants to continue participating. Do not allow new enrollment of participants to occur.		
The status report on the progress of the research includes: The number of participants accrued. A summary since the last HREC review of: o Adverse events and adverse outcomes experienced by participants. o Unanticipated problems involving risks to participants or others. o Participant withdrawals. o The reasons for withdrawals. o Complaints about the research. o Amendments or modifications. o Any relevant recent literature. o Any interim findings. o Any relevant multi-center trial reports. o The researcher's current risk-potential benefit assessment based on study results. When the HREC does not approve or approve with modifications, it provides the researcher with a statement of the reasons for its decision and gives the researcher an opportunity to respond in person or in writing.	☐Yes ☐No ☐Yes	**COMMENTS:**

Review of Modifications to Previously Approved Research For review of modifications to previously approved research by a convened HREC, policies and procedures indicate that, when they are scheduled to attend a meeting, all members (including alternate members) receive and review all modified documents. Policies and procedures have: The HREC use the criteria to approve modifications to previously approved research when the modifications affect one or more criteria. The HREC determine that any significant new findings that arise from the review process and that might relate to participants' willingness to continue participation are provided to participants. Changes in approved research that are initiated without HREC approval to eliminate apparent immediate hazards to the participant: o Are promptly reported to the HREC. o Are reviewed by the HREC to determine whether each change was consistent with ensuring the participants' continued welfare. Researchers report to the HREC proposed changes in a research study. Researchers report to the HREC the premature completion of a study. Policies and procedures describe actions taken to ensure that proposed changes in approved research during the period for which HREC approval had already been given cannot be initiated without HREC approval.	☐No	**COMMENTS:**

Area 7: Expedited Review of Research (Component II.2.E.) **Review Using the Expedited Procedure** Policies and procedures describe: That only experienced HREC members may conduct reviews using the expedited procedure. Experienced is defined. The information that researchers have to submit for review using the expedited procedure.	☐Yes ☐No	**COMMENTS:**

That at least one reviewer receives and reviews the same materials that the convened HREC receives for protocols reviewed by the convened HREC The evaluation by the reviewer of research undergoing initial review and continuing review using the expedited procedure included that the research: o Met all applicability criteria. o Represented one or more approvable categories of research. Reviewers were prohibited from disapproving research. Reviewers use the required criteria for approval of research to approve research using the expedited procedure. The process for informing HREC members about approvals by review using the expedited procedure, including: o Initial review. o Continuing review. o Review of modifications to previously approved research. Policies and procedures describe the contingent approval of revisions by the HREC chair or designated HREC member without subsequent review by the convened HREC. When the convened HREC requests substantive clarifications or modifications that are directly relevant to the determinations required by the HREC, policies and procedures have the protocol return to the convened HREC and not be approved by the expedited procedure.		
Policies and procedures describe the review of "minor modifications." A definition of minor modifications is included in the policies and procedures. The definition of which modifications are "minor" exclude the addition of procedures that involves more than minimal risk or do not fall into categories (1)-(7) of research that can be reviewed using the expedited procedure. Reviewers evaluate whether modifications to previously approved research undergoing review represent "minor" modifications.	☐Yes ☐No	**COMMENTS:**

When following ICH-GCP (E6), policies and procedures include: The reviewer is provided and reviews the investigator's current curriculum vitae or other documentation evidencing qualifications.	☐Yes ☐No	**COMMENTS:**
Area 8: Unanticipated Problems Involving Risks to Participants or Others (Component II.2.F.) The HREC has policies and procedures for the review of unanticipated problems involving risks to participants or others. The policies and procedures define unanticipated problems as: Unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the HREC-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied; Related or possibly related to participation in the research (in this guidance document, possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and Putting participants or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.	☐Yes ☐No ☐Yes	**COMMENTS:** **COMMENTS:**

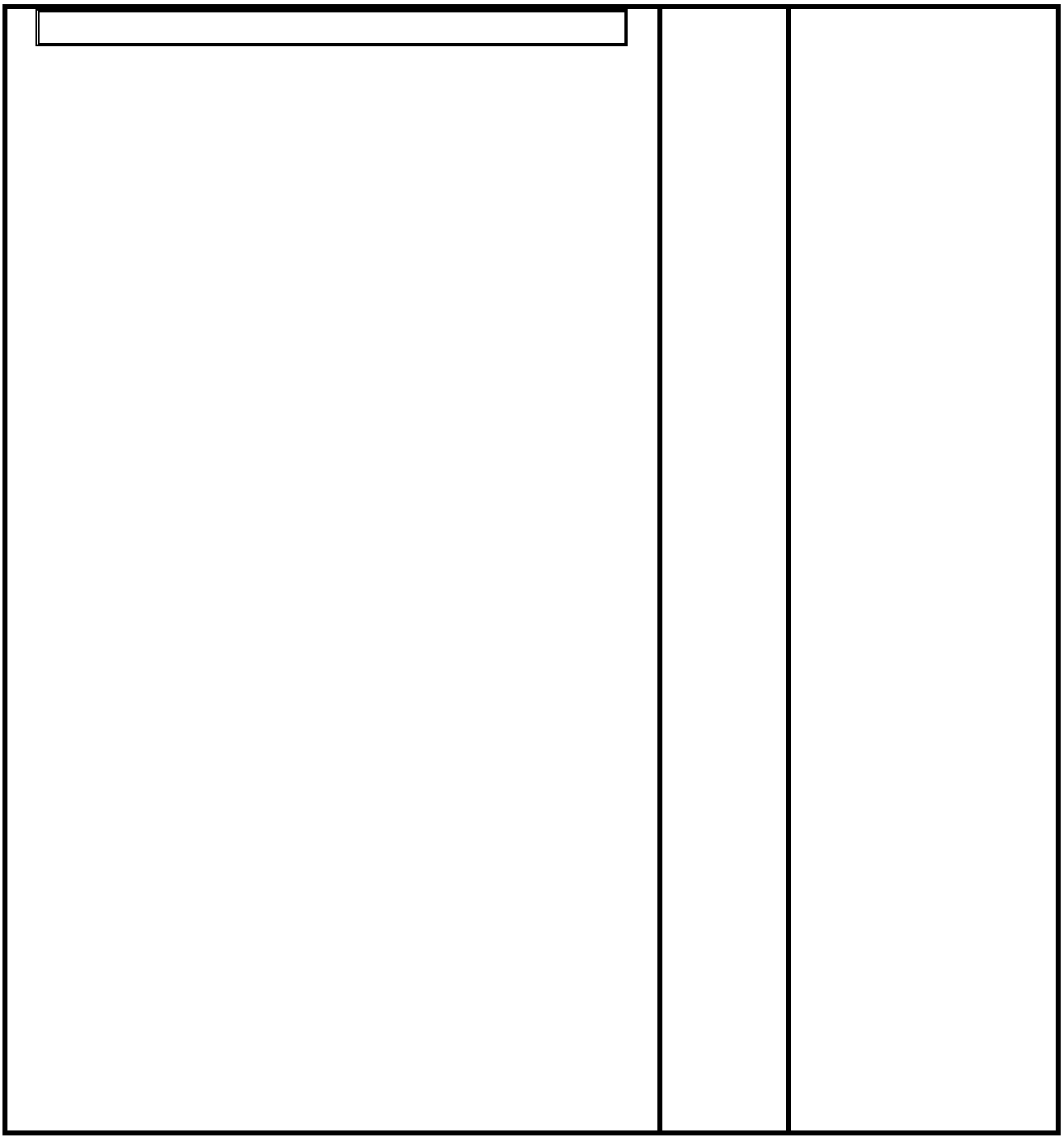
The HREC defines the problems researchers have to report to the HREC. The list of problems that must be reported includes: Unexpected adverse events that are related to the research. Changes made to the research without prior HREC approval in order to eliminate apparent immediate harm. Other unanticipated information that indicates participants or others might be at increased risk of harm. Information that indicates a change to the risks or potential benefits of the research. For example: An interim analysis or safety monitoring report indicates that frequency or magnitude of harms or benefits may be different than initially presented to the HREC. A paper is published from another study that shows that the risks or potential benefits of your research may be different than initially presented to the HREC. A breach of confidentiality. Change in NAFDAC (or equivalent regulatory body) labeling or withdrawal from marketing of a drug, device, or biologic used in a research protocol. Change to the protocol taken without prior HREC review to eliminate an apparent immediate hazard to a research participant. Incarceration of a participant in a protocol not approved to enroll prisoners. Event that requires prompt reporting to the sponsor. Sponsor imposed suspension for risk. Complaint of a participant when the complaint indicates unexpected risks or cannot be resolved by the research team.	☐No ☐Yes ☐No	**COMMENTS:** **COMMENTS:** **COMMENTS:**
The HREC defines the time frame for investigators to report problems to the HREC.	☐Yes ☐No	
Review of unanticipated problems:		

The policies and procedures describe the HREC's process for deciding whether each reported problem is an unanticipated problem involving risks to participants or others. The policies describe whether the HREC uses an initial reviewer for unanticipated problems. Each unanticipated problem involving more than minimal risks to participants or others is reviewed by the convened HREC. Sufficient information is provided to: Primary reviewers. All other HREC members.	☐Yes ☐No	**COMMENTS:**
Actions and Management Plan: The policies and procedures describe the range of possible actions that the convened HREC can take to manage an unanticipated problem. Such actions include: Suspension of the research. Termination of the research. Notification of current participants when such information may relate to participants' willingness to continue to take part in the research.	☐Yes ☐No	**COMMENTS:**
The HREC reports unanticipated problems involving risks to participants or others to the NAFDAC (or equivalent regulatory body) and specific organizational officials within 30 days.	☐Yes ☐No	**COMMENTS:**
When following ICH-GCP (E6), policies and procedures define the problems that researchers have to report to the HREC. This includes the following: New information that may affect adversely the safety of the participants or the conduct of the clinical trial. Any changes significantly affecting the conduct of the clinical trial or increasing the risk to participants.		

Area 9: Suspensions and Terminations of Research (Component II.2.G.)		
Policies and procedures define: Suspension of HREC approval. Termination of HREC approval.	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe: The HREC can suspend or terminate approval of research that: Is not being conducted in accordance with regulatory requirements. Is not being conducted in accordance with the HREC's requirements. Has been associated with unexpected serious harm to participants. The HREC defines who other than the convened HREC is authorized to suspend or terminate research (HREC chair, for instance). Suspensions and terminations by someone other than the convened HREC are reported to and reviewed by the convened HREC.	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe: When study approval is suspended or terminated, the HREC or the person ordering the suspension or termination: Considers actions to protect the rights and welfare of currently enrolled participants. Considers whether procedures for withdrawal of enrolled subject took into account their rights and welfare. Considers informing current participants of the termination or suspension. Has any adverse events or outcomes reported to the HREC.	☐Yes ☐No	**COMMENTS:**
The HREC reports suspensions and terminations of HREC approval to the NAFDAC (or equivalent regulatory body) and specific institutional officials within 30 days.	☐Yes ☐No	

Area 10: Review of Multi-Site Research (Component II.2.H.)		
For multi-site research, policies and procedures have the HREC evaluate whether the management of information that is relevant to the protection of participants is adequate.	☐Yes ☐No	**COMMENTS:**
Applications for HREC review have the investigator provide details about the management of information that is relevant to the protection of participants, such as: Unanticipated problems involving risks to participants or others. Interim results. Protocol modifications.	☐Yes ☐No	**COMMENTS:**

Area 11: Risk Analysis and Minimization (Component II.3.A.)		
Applications for HREC review include information allowing the HREC to conduct an analysis of the risks and potential benefits, such as: The purposes of the research. The scientific or scholarly rationale. The procedures to be performed. A description of the procedures being performed already for diagnostic or treatment purposes. The risks and potential benefits of the research.	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe that to approve research the HREC determines: Risks to participants are minimized by using procedures that are consistent with sound research design and that do not unnecessarily expose participants to risk. Risks to participants are minimized, when appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes. Risks to participants are reasonable in relation to the potential benefits, if any, to participants, and the importance of the knowledge that may be expected to result. When considering risks, the HREC considers physical, psychological, social, economic, and legal risks. Policies and procedures state that the HREC considers whether investigators have the resources necessary to protect participants. This includes: Adequate time for the researchers to conduct and complete the research. Adequate number of qualified staff Adequate facilities Access to a population that will allow recruitment of the necessary number of participants. Availability of medical or psychosocial resources that participants may need as a consequence of the research.	☐Yes ☐No	**COMMENTS:**



Area 12: Data and Safety Monitoring (Component II.3.B.) Policies and procedures describe when the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate. The HREC knows when provisions for monitoring data to ensure the safety of participants are appropriate. When the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate applications include descriptions of provisions for monitoring data to ensure the safety of participants. To approve research the HREC determines that when appropriate the research plan makes adequate provisions for monitoring data to ensure the safety of participants.	☐Yes ☐No	**COMMENTS:**
Area 13: Equitable Selection and Recruitment (Component II.3.C.) Applications include information that allows the HREC to determine whether selection of participants will be equitable, such as: The purposes of the research. The setting in which the research will be conducted. Whether prospective participants will be vulnerable. The selection (inclusion/exclusion) criteria. Subject recruitment and enrollment procedures. The amount and timing of payments to participants. To approve research the HREC determines that selection of participants is equitable, taking into account: The purposes of the research. The setting in which the research will be conducted. Whether prospective participants will be vulnerable.	☐Yes ☐No ☐Yes ☐No	**COMMENTS:** **COMMENTS:** **COMMENTS:**

The selection (inclusion/exclusion) criteria. Subject recruitment and enrollment procedures. The influence of payments to participants.	☐Yes ☐No	**COMMENTS:**
The HREC reviews: The information contained in advertisements. The mode of their communication. The final copy of printed advertisements. The final audio/video taped advertisements.	☐Yes ☐No	
Policies and procedures state that the HREC reviews advertising to ensure that advertisements: Do not state or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol. Do not include exculpatory language. Do not emphasize the payment or the amount to be paid, by such means as larger or bold type. Do not promise "free treatment" when the intent is only to say participants will not be charged for taking part in the investigation. Are limited to the information prospective participants need to determine their eligibility and interest, such as: The name and address of the investigator or research facility. The purpose of the research or the condition under study. In summary form, the criteria that will be used to determine eligibility for the study. A brief list of participation benefits, if any. The time or other commitment required of the participants. The location of the research and the person or office to contact for further information.	☐Yes ☐No	**COMMENTS:**
Policies and procedures state that advertisements do not: Make claims, either explicitly or implicitly, about the drug, biologic or device under investigation that are inconsistent with NAFDAC (or equivalent regulatory body) labeling.		**COMMENTS:**

Use terms, such as "new treatment," "new medication" or "new drug" without explaining that the test article is investigational. Include compensation for participation in a trial offered by a sponsor to involve a coupon good for a discount on the purchase price of the product once it has been approved for marketing.	☐Yes ☐No	
Policies and procedures state that the HREC reviews payments to determine that: The amount of payment and the proposed method and timing of disbursement is neither coercive nor presents undue influence. Credit for payment accrues as the study progresses and is not contingent upon the subject completing the entire study. Any amount paid as a bonus for completion is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn. All information concerning payment, including the amount and schedule of payments, is set forth in the consent document.	☐Yes ☐No	**COMMENTS:**
Applications include the amount and schedule of all payments.		
Area 14: Protection of Privacy Interests (Component II.3.D.)		
Policies and procedures state that in order to approve research the HREC determines that the research plan makes adequate provisions to protect the privacy interests of participants.	☐Yes ☐No	**COMMENTS:**
	☐Yes	**COMMENTS:**

Applications include a description of provisions to protect the privacy interests of participants.	☐No	
Area 15: Protection of Confidentiality of Data (Component II.3.E.) Policies and procedures state that in order to approve research the HREC determines that the research plan makes adequate provisions to maintain the confidentiality of data.	☐Yes ☐No	**COMMENTS:**
Applications include a description of provisions to maintain the confidentiality of data.	☐Yes ☐No	**COMMENTS:**
Area 16: The Consent Process and Documentation of the Consent Process (Component II.3.F.) Applications include a description of the consent process including: The person who will conduct the consent interview. The person who will provide consent or permission. Any waiting period between informing the prospective participant and obtaining consent. Steps taken to minimize the possibility of coercion or undue influence. The language used by those obtaining consent. The language understood by the prospective participant or the legally authorized representative. The information to be communicated to the prospective participant or the legally authorized representative.	☐Yes ☐No	**COMMENTS:**
The policies and procedures describe that the consent process must include the following:	☐Yes ☐No	**COMMENTS:**

The researcher will obtain the legally effective consent of the participant or the participant's legally authorized representative. The circumstances of the consent process provide the prospective participant or the legally authorized representative sufficient opportunity to consider whether to participate. The circumstances of the consent process minimize the possibility of coercion or undue influence. The consent document embodies the basic and required additional elements of disclosure. The participant or the participant's legally authorized representative will sign and date the consent document. A copy of the signed and dated consent document will be given to the person signing the consent document. The researcher will give either the participant or the representative adequate opportunity to read the consent document before it is signed The individuals communicating information to the participant or the legally authorized representative during the consent process will provide that information in language understandable to the participant or the representative. The information being communicated to the participant or the representative during the consent process will not include exculpatory language through which the participant or the legally authorized representative is made to waive or appear to waive any of the participant's legal rights. The information being communicated to the participant or the legally authorized representative during the consent process will not include exculpatory language through which the participant or the legally authorized representative releases or appears to release the researcher, the sponsor, the investigative site, or its agents from liability for negligence.	☐Yes ☐No	**COMMENTS:**
Policies and procedures state that the HREC must determine that the following information will be		

provided to each participant in the consent document:

- A statement that the study involves research.
- An explanation of the purposes of the research.
- An explanation of the expected duration of the participant's participation.
- A description of the procedures to be followed.
- Identification of any procedures that is experimental.
- A description of any reasonably foreseeable risks or discomforts to the participant.
- A description of any benefits to the participant or to others, which might reasonably be expected from the research.
- A disclosure of appropriate alternative procedures or courses of treatment, if any, which might be advantageous to the participant.
- A statement describing the extent, if any, to which confidentiality of records identifying the participant will be maintained.
- For NAFDAC-regulated research, a statement that notes the possibility that the NAFDAC might inspect the records.
- For research involving more than minimal risk:
  - An explanation as to whether compensation is available if injury occurs.
  - If compensation is available when injury occurs, an explanation as to what it consists of or where further information can be obtained.
  - An explanation as to whether any medical treatments are available if injury occurs.
  - If medical treatments are available when injury occurs, an explanation as to what it consists of or where further information can be obtained.
- An explanation of whom to contact for answers to pertinent questions about the research.
- An explanation of whom to contact for answers to pertinent questions about the research participants' rights.
- An explanation of whom to contact in the event of a research-related injury to the participant.
- A statement that participation is voluntary.

A statement that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled. A statement that the participant can discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled. When appropriate: A statement that the particular treatment or procedure might involve risks to the participant, which are currently unforeseeable. A statement that if the participant is or becomes pregnant, the particular treatment or procedure might involve risks to the embryo or fetus, which are currently unforeseeable. Anticipated circumstances under which the participant's participation might be terminated by the investigator without regard to the participant's consent. Any additional costs to the participant that might result from participation in the research. The consequences of a participant's decision to withdraw from the research. Procedures for the orderly termination of participation by the participant. A statement that significant new findings developed during the course of the research which might relate to the participant's willingness to continue participation will be provided to the participant. The approximate number of participants involved in the study. The amount and schedule of payments.	☐Yes ☐No	**COMMENTS:**
Short Form of Consent Documentation To allow the use of the short form of consent documentation, policies and procedures have the HREC determine that: The consent document states that the required elements of disclosure have been presented orally to the participant or the participant's legally authorized representative. A written summary embodies the basic and required additional elements of disclosure. There will be a witness to the oral presentation.		

For participants who do not speak English, the witness is conversant in both English and the language of the participant. The participant or the participant's legally authorized representative will sign the consent document. The witness will sign and date both the short form and a copy of the summary. The person actually obtaining consent will sign and date a copy of the summary. A copy of the signed and dated short form will be given to the participant or the legally authorized representative. A copy of the signed and dated summary will be given to the participant or the legally authorized representative. When following NAFDAC regulations and guidance: Policies and procedures have the HREC determine that the required and appropriate additional elements of disclosure are included in the consent process. Policies and procedures have the HREC determine that: The consent document embodies the basic and required additional elements of disclosure. There is a statement noting the possibility that the NAFDAC may inspect the records that will be provided to each participant. The participant or the participant's legally authorized representative will sign and date the consent document. A witness to the participant's signature or the participant's legally authorized representative's signature will sign and date the consent document. If neither the sponsor nor the HREC requires a witness to the consenting process in addition to the witness to the participant's signature and if the same person needs to serve both capacities, a note to that effect is placed under the witness's signature line. A copy of the signed and dated consent document will be given to the person signing the consent document.	☐Yes ☐No	

The researcher will give either the participant or the representative adequate opportunity to read the consent document before it is signed.		**COMMENTS:**
	☐Yes ☐No	
Observation of the Consent Process Policies and procedures describe when the HREC might consider observing the consent process as a method to protect participants. Policies and procedures describe mechanisms by which observation of the consent process could be conducted.		**COMMENTS:**
Research Data Retention **Note: This applies only to NAFDAC-regulated research.** Policies and procedures have the HREC follow the following issues regarding data retention when participants withdraw from a clinical trial: When a participant withdraws from a study, the data collected on the participant to the point of withdrawal remain part of the study database and may not be removed. A researcher may ask a participant who is withdrawing whether the participant wishes to provide continued follow -up and further data collection subsequent to withdrawal from the interventional portion of the study. Under this circumstance, the discussion with the participant must distinguish between study-related interventions and continued follow-up of associated clinical outcome information, such as medical course or laboratory results obtained through non-invasive chart review, and address the maintenance of confidentiality of the participant's information. If a participant withdraws from the interventional portion of the stud y, but agrees to continued follow-up of associated clinical outcome information, the researcher must obtain the participant's consent for this limited participation in the study (assuming such a situation was not described in the original		

consent document). HREC approval of consent documents is required. If a participant withdraws from the interventional portion of a stud y and does not consent to continued follow-up of associated clinical outcome information, the researcher must not access for purposes related to the study the participant's medical record or other confidential records requiring the participant's consent. However, a researcher may review study data related to the participant collected prior to the participant's withdrawal from the study, and may consult public records, such as those establishing survival status.	☐Yes ☐No	**COMMENTS:**
When following ICH-GCP (E6), policies and procedures have the elements of consent disclosure include: For alternative procedures or treatment that may be available to the participant, include their important potential benefits and risks. That the monitor, the auditor, the HREC, and the regulatory authority will be granted direct access to the participant's original medical records for verification of clinical trial procedures or data, without violating the confidentiality of the participant, to the extent permitted by the applicable laws and regulations and that, by signing a written consent form, the participant or the participant's legally acceptable representative is authorizing such access. The alternative procedures or treatment that might be available to the participant, and their important potential benefits and risks. That the monitor, the auditor, the HREC, and the regulatory authority will be granted direct access to the participant's original medical records for verification of clinical trial procedures or data, without violating the confidentiality of the participant, to the extent permitted by the applicable laws and regulations and that, by signing a written consent form, the participant or the participant's legally acceptable representative is authorizing such access. The approval of the HREC.		

Area 17: Waivers of Consent and Documentation of the Consent Process (Component II.3.G.)		
Policies and procedures allow the HREC to waive or alter the consent process by determining that the criteria for waivers or alterations of the consent process are met.	☐Yes ☐No	**COMMENTS:**
Policies and procedures indicate that the consent process cannot be waived or altered for NAFDAC-regulated research. Policies and procedures indicate that parental permission cannot be waived or altered for NAFDAC-regulated research.	☐Yes ☐No	**COMMENTS:**
Policies and procedures allow the HREC to waive documentation of the consent process if the HREC determines that: The research presents no more than minimal risk of harm to participants. The research involves no procedures for which written document of the consent process is normally required outside of the research context	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe: When the HREC considers waiving the requirement to obtain written documentation of the consent process, the HREC reviews a written description of the information to be provided to participants. When granting waivers of the requirement to obtain written documentation of the consent process, the HREC considers having the investigator provide participants with a written statement regarding the research.	☐Yes ☐No	**COMMENTS:**

Area 19: Obtaining Consent from Participants With Diminished Capacity (Component II.4.B.)		
Policies and procedures have the HREC evaluate whether the research involves participants who have diminished decision making capacity and, if so, provide additional safeguards to ensure an appropriate consent process.	☐Yes ☐No	**COMMENTS:**
When a research study involves populations with diminished decision-making capacity not covered by specific policies and procedures, policies and procedures describe, in general, the steps followed by the HREC to evaluate the consent process for these populations.	☐Yes ☐No	**COMMENTS:**
When research involves children, the policies and procedures state that the HREC determines and documents that: For research that involves minimal risk or more than minimal risk with the prospect of direct benefit to the individual children, whether: The permissions of both parents are required unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child; or The permission of one parent is sufficient even if the other parent is alive, known, competent, reasonably available, and share legal responsibility for the care and custody of the child. For research that involves more than minimal risk without the prospect of direct benefit to the individual child, that the permissions of both parents are required unless one parent is deceased, unknown, incompetent, or not	☐Yes ☐No	**COMMENTS:**

reasonably available, or when only one parent has legal responsibility for the care and custody of the child. Whether assent is a requirement of: All children. Some children. None of the children. When assent is not a requirement of some children, which children are not required to assent. When assent is not a requirement of some or all children, whether: The children are not capable of providing assent based on the age, maturity, or psychological state. The capability of the children is so limited that they cannot reasonably be consulted. The intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well being of the children and is available only in the context of the research. The assent can be waived using the criteria for waiver of the consent process. When assent is a requirement, whether assent will be documented. When assent is documented, the processes to document assent.	☐Yes ☐No	**COMMENTS:**
When research involves pregnant women, policies and procedures have the HREC determine that the consent of the pregnant women is required if the research holds out: The prospect of direct benefit to the pregnant woman. The prospect of direct benefit both to the pregnant woman and the fetus. No prospect of benefit for the woman or the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge that cannot be obtained by any other means.		

When research involves pregnant women or fetuses, the policies and procedures have the HREC determine and document that: The consent of the mother is obtained in accordance with the regulations. If the research holds out the prospect of direct benefit solely to the fetus, then the consent of the father is also obtained in accordance with the regulations, except that the father's consent does not need to be obtained if he is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape or incest. Individuals providing consent are fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate.	☐Yes ☐No	**COMMENTS:**
When research involves neonates of uncertain viability, policies and procedures have the HREC determine and document the following: Individuals providing consent are fully informed regarding the reasonably foreseeable impact of the research on the neonate. The legally effective consent of either parent of the neonate is obtained in accordance with the regulations. If neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective consent of either parent's legally authorized representative is obtained. The consent of the father or his legally authorized representative does not have to be obtained if the pregnancy resulted from rape or incest.	☐Yes ☐No	**COMMENTS:**
When research involves nonviable neonates, policies and procedures have the HREC determine and document the following: Individuals providing consent are fully informed regarding the reasonably foreseeable impact of the research on the neonate.		

The legally effective consent of both parents of the neonate is obtained in accordance with the regulations. If either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, the consent of one parent of a nonviable neonate is sufficient, except that the consent of the father dies not has to be obtained if the pregnancy resulted from rape or incest. The consent of a legally authorized representative of either or both of the parents of a nonviable neonate is not allowed. The waiver and alteration provisions are not applied When the research involves non-viable neonates, policies and procedures do not allow the HREC to approve the consent of a legally authorized representative.	☐Yes ☐No	**COMMENTS:** **COMMENTS:**
When research involves prisoners, policies and procedures have the HREC determine and document the following: The information will be presented in language that is understandable to prisoners. Each prisoner will be informed in advance that participation in the research will have no effect on his or her parole.	☐Yes ☐No	
When research involves adults unable to consent, the policies and procedures state that the HREC determines and documents that: When researchers are likely to approach adults who lacked the ability to consent, the HREC evaluates whether: The proposed plan for the assessment of the capacity to consent is adequate. Assent of the participants is a requirement, and if so, whether the plan for assent is adequate.		
Area 20: HREC Records (Component II.5.A.)		
Policies and procedures for record retention describe:	☐Yes	**COMMENTS:**

HREC records relating to research are retained for at least three years after completion of the research. HREC records are accessible for inspection and copying by authorized representatives of federal agencies or departments at reasonable times and in a reasonable manner. If a protocol is cancelled without subject enrollment, HREC records are maintained for at least three years after cancellation. Records are stored in a way that maintains confidentiality. HREC records for a protocol are organized to allow a reconstruction of a complete history of HREC actions related to the review and approval of the research protocol.	☐No	**COMMENTS:**
Policies and procedures state that HREC records include the following: Protocols. Scientific evaluations. Progress reports submitted by investigators. Reports of injuries to participants. Records of continuing review activities. Correspondence between the HREC and investigator. Statements of significant new findings provided to participants. For initial and continuing review of research by the expedited procedure: The specific permissible category. Description of action taken by the reviewer. Any findings required under the regulations. For exemption determinations the specific category of exemption. Unless documented in the HREC minutes, determinations required by the regulations and protocol-specific findings supporting those determinations for. Research involving pregnant women, fetuses, and neonates. Research involving prisoners. Research involving children. For each protocol's initial and continuing review, the frequency for the next continuing review.	☐Yes ☐No	

Area 21: HREC Minutes (Component II.5.B.) Policies and procedures state that HREC minutes must document the following: Actions taken by the HREC. Separate deliberations for each action. Votes for each protocol as numbers for, against, or abstaining. Attendance at the meeting. When an alternate member, replaces a primary member. The basis for requiring changes in research. The basis for disapproving research. A written summary of the discussion of controversial issues and their resolution. For initial and continuing review, the approval period. The names of HREC members who left the meeting because of a conflict of interest along with the fact that a conflict of interest was the reason for the absence. Unless documented in the HREC records determinations required by the regulations and protocol-specific findings justifying those determinations for: Research involving pregnant women, fetuses, and neonates. Research involving prisoners. Research involving children. The rationale for significant risk/non-significant risk device determinations.	☐Yes ☐No	**COMMENTS:**
Area 22: HREC Review of Non-Compliance (Component I.5.D.) The HREC has policies and procedures for the review of non-compliance. Policies and procedures include the following definitions: Non-compliance as failure to follow the regulations or the requirements and determinations of the HREC. Serious non-compliance.	☐Yes ☐No	**COMMENTS:**

Continuing non-compliance.	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe the various mechanisms for informing the HREC of non-compliance: Reporting requirements for researchers, research staff, and employees. Consideration of complaints and protocol deviations. Results of audits.	☐Yes ☐No	**COMMENTS:**
Policies and procedure describe: The person (by title) decides whether each allegation of non-compliance has a basis in fact. The person (by title) decides whether each incident of non-compliance is serious or continuing. Policies and procedures describe the management of non-compliance determined to be neither serious nor continuing. Policies and procedures have serious or continuing non-compliance managed by the convened HREC.	☐Yes ☐No	**COMMENTS:**
The range of possible actions the HREC can take for non-compliance determined to be serious or continuing includes the following: Suspension of the research. Termination of the research. Notification of current participants when such information may relate to participants' willingness to continue to take part in the research.	☐Yes ☐No	**COMMENTS:**
Policies and procedures describe that serious or continuing non-compliance must be reported to regulatory agencies and appropriate organizational officials. Reports are made to: Specific organizational officials. NANAFDACC as applicable. NHREC, as applicable. Other regulatory agencies		

This document Is an adaptation of the AAHRPP IRB Evaluation checklist

APPENDIX 3

Accreditation Tool Kit for Health Research

Ethics Committees

TABLE OF CONTENTS

RATIONALE AND OBJECTIVES

The research ethics regulatory system in Nigeria has been undergoing reforms since 2006 as a result of a Presidential Directive. The National Health Research Ethics Committee (NHREC) which is the apex body responsible for providing and ensuring adherence to regulations for the ethical conduct of research in the country, developed the National Code for Health Research Ethics(NCHRE) as a primary guidance document. A key mandate of NHREC is continuous quality improvement of Health Research Ethics Committees (HRECs) in Nigeria. This is to be achieved through audit and registration and accreditation.

NHREC had commenced registration of HRECs since 2006. This registration process captures basic demographic data of the HRECs, membership roaster to ensure diversity of members and evidence of introductory training in research ethics for the HREC members. It also contains a section which commits the head of host institution to provide their HRECs with liability coverage and all necessary support for optimal operations. This registration system however falls short of evaluating all the key components required for quality HREC operations as recommended in the National Code for Health Research Ethics (NCHRE), the World Health Organization Tropical Disease Research (WHO-TDR) Standards for HRECS that Review Biomedical Research, the International Committee on Harmonization-Good Clinical Practice guidance (ICH-GCP) and other similar guidelines.

NHREC is proposing to develop a robust accreditation tool and policy that will overcome the limitations in the current registration system. While the registration system will be the first point of recognition for HRECs within the Nigerian Human Research Protection System, the accreditation tool will be used to continuously assure the quality of all registered HRECs. The accreditation tool being proposed for NHREC is divided into three sections. Each section has standards all of which need to be met by an HREC as well as components which are sort of more tangible indicators that contribute to the attainment of each specific standard.

HOW THE ACCREDITATION TOOL KIT WOULD BE USED

The HREC Accreditation Tool Kit would be meant for use by Institutions seeking accreditation from the National Health Research Ethics Committee of Nigeria (NHREC) and by site visitors who evaluate Institutions on behalf of the National Health Research Ethics Committee (NHREC). This Accreditation Tool Kit would provide the information necessary to meet each component, and is divided into three sections:

- Host Institution,
- Research Ethics Committee; and
- Researchers and Research Assistants.

Within each section are standards, and for each standard there is a component that provide more specificity for the standard. Each component contains five parts: Introduction, Required Written Materials, Relevant Materials, Results, and Regulatory and Guidance References. To achieve accreditation, an Institution would be required to meet all the accreditation standards and components. If an Institution meets the component(s) for a particular standard, it meets the standard.

For each component, there are essential requirements that all Institutions must follow and for some components, other types of documents that can be used to meet the component are suggested. If they are not available, Institutions may use other types of written documents to meet the component

provided they comply with the Nigerian National Code of Health Research Ethics and other International guidelines on health related research with human participants. If a component refers to written policies and procedures, it generally means that a written procedure is required to meet the component. In some cases, an application form or reviewer checklist can serve the same purpose as a written procedure. The inclusion of other types of documents that can be used to meet a component is intended to be helpful by providing guidance on the types of documents that can meet a component. All components must meet the requirements of the National Code of Health Research Ethics of Nigeria and other International guidelines on health related research with human participants.

SECTION I: HOST INSTITUTION

Explanations

This Section describes the structural characteristics of the entity that has the responsibility of providing an environment conducive for research activities to take place, enacting laws governing the conduct of research, establishment of HRECs and applies for accreditation. This will typically be by the provost of the university, the head of an extra university unit, the head of a research institute or the head of any institution that is established with a primary mandate to conduct research in Nigeria. The Institution is responsible for ensuring adherence to the policies instituted by the HREC for promoting ethical research in the institution, as well as continuous capacity building, provision of adequate resources and responsible for HREC liabilities. The Institutional structure is the means by which the Institution meets the range of responsibilities involved in the conduct of research. The Institution applies its policies and program to all research regardless of funding source, type of research, or place of conduct of the research. The Institution exercises these responsibilities through relationships with Researchers and Research assistants, HRECs, Sponsors, Participants, and the Community.

An Institution has the responsibility not only to protect the rights and welfare of human research participants but also to involve research participants in the research enterprise. The involvement of research participants at every stage of the research enterprise helps everyone to achieve the ethical principle of respect for persons. In addition to enhancing the appropriate safeguards and protecting the rights and welfare of research participants, involving research participants in the

research process can improve recruitment and retention of participants and also improve the overall quality of research.

The conduct of research is highly dependent upon the partnership between Institutions and Sponsors. A Sponsor is the company, institution, individual donor, or government agency responsible for the initiation, management, or financing of a research study. Sponsors may enter into agreements with intermediaries that act as agents, such as clinical research organizations or coordinating centers. In sponsored research, both the Sponsor and the Institution have obligations to protect human research participants. This Section focuses on the obligations of the Institution. In seeking accreditation, the Institution must address human research protection requirements with all Sponsors and apply its policies and programs to all sponsored research.

Standard I-1: The Institution has a systematic and comprehensive policies and program that affords protections for all research participants. Individuals within the Institution are knowledgeable about and follow the policies and procedures of protecting research participants.

Component I-1.A. The Institution has and follows written policies and procedures for determining when an activity constitutes research.

Introduction

An Institution should have a policy to differentiate activities that are research involving human participants from activities that are not research involving human participants. A determination of whether an activity is research involving human participants must consider the regulations, laws, codes, and guidance that the Institution follows. Many institutions oversee or conduct activities that are covered by two or more sets of laws, regulations, codes, and guidance. In these cases, the Institution must apply all relevant definitions of research and participant or develop a plan that guides the Institution in determining which definitions apply in specific research instances.

Research is defined as a systematic investigation designed to produce or contribute to generalizable knowledge and "human participant" as living individuals about whom information is obtained or with whom there is interaction. The person making a decision about whether an activity represents research involving human participants should have the authority to represent the Institution and have no direct involvement in the activity he or she is examining. The person making the decision should be familiar with regulations, Institutional policies, and the nature of research. Policies and procedures should describe the communication of such decisions to the person seeking a decision.

Needed Written Documents

- Essential requirements:
- Policies and procedures provide a definition of "research involving human participants" so that all involved in research understand which activities constitutes research.
- General definitions:
    - Research is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
    - Human participant means a living individual about whom a Researcher conducting research obtains data through intervention or interaction with the individual or identifiable private information.
- Policies and procedures describe the process to provide determinations about whether an activity is research involving human participants, which includes:
    - The entity or office that can provide a determination.
    - Criteria used to make determinations.

- Process to inform individuals whether an activity is research involving human participants.
- A description of the scope of human participants' research that requires review by the Institution's HREC (e.g., all research by employees or all research in facilities).
- A description of the criteria by which persons are considered engaged (agents) in the research and come under the requirements of the HREC.

❖ Policies and procedures provide guidance to Researchers and HRECs concerning activities that sometimes are or are not seen as research that require extra protection for research participants at the Institution, such as classroom research, quality improvement, case reports, program evaluation, and surveillance activities.

❖ When the Institution includes other activities outside the scope of activities covered by regulations or laws, the definition includes those activities (e.g., research on non-living individuals).

❖ When activities are covered under other laws, the definition encompasses activities that are "research involving human participants" as defined by those laws.

Relevant Documents

❖ Application form

❖ Reviewer checklist

❖ Template letters to Researchers

Results

❖ The Institution is able to determine and recognize when an activity is research involving human participants as defined by its policies and procedures.

❖ Decisions about whether an activity is research involving human participants are made promptly.

❖ Decisions about whether an activity is research involving human participants are made accurately.

Regulatory and Guidance References

❖ NCHRE: Section A

Component I.1.B. The Institution delegates responsibility of research activities to an official with sufficient standing, authority, and independence to ensure implementation and maintenance of research activities

Introduction

An Institution should have an identified, knowledgeable leader, who is responsible for all research activities and has the authority to implement its policies. Although this individual may rely on others for the interpretation of laws, regulations, codes, and guidance and the day-to-day operations of research oversight, this individual should have a basic understanding of the relevant laws, codes, regulations and guidance that govern research involving human participants, the responsibilities of an institutional official as well as the responsibilities of the REC, Researchers and Research assistants in protecting research participants. This individual should be directly involved in the allocation of resources to research development, and in some circumstances, more than one individual can serve in this capacity.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the responsibilities of the institutional official.
- If more than one person is designated as an institutional official, the unique responsibilities of each individual are stated.

Relevant Documents

- Letter or memorandum from senior management stating the delegation

Results

- The institutional official has overall responsibility for all research activities.
- The institutional official is identifiable by those within the Institution.
- The institutional official has sufficient standing, authority, knowledge, and independence to ensure implementation and maintenance of its policies.
- Researchers and others receive a decision about whether an activity is research involving human participants.

Regulatory and Guidance References

- NCHRE: Section C Sub-section (a), No.1

Component I.1.C. The Institution has and follows written policies and procedures that allow the Research Ethics Committee to function independently of other Institutional entities in protecting research participants.

Introduction

To ensure that the HREC functions independently of other institutional entities, the HREC should be granted specific authorities to approve, require modifications to secure approval, disapprove research, to suspend or terminate HREC approval of research, and to observe, or have a third party observe, the consent process or the research. The highest appropriate institutional person or entity should grant and recognize these authorities. Statements in the HREC policies and procedures alone granting the HREC such authorities are insufficient. The Institution should have policies and procedures that respond to attempts to influence the HREC's independence or others responsible for the oversight of research.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures approved by the Institution grants the HREC the authority:
    - To approve, require modifications to secure approval, and disapprove all research activities overseen and conducted by the Institution.
    - To suspend or terminate HREC approval of research not being conducted in accordance with the HREC's requirements or that had been associated with unexpected serious harm to participants.
    - To observe, or have a third party observe, the consent process and the conduct of the research.
- ❖ Policies and procedures describe the steps the Institution takes to ensure that research involving human participants does not commence until the research has received all approvals required by the Institution.
- ❖ Policies and procedures approved by the Institution do not allow the Institution to approve research that has not been approved by the HREC.
- ❖ Policies and procedures describe to whom HREC members and staff report undue influence.
- ❖ Policies and procedures describe the Institution's response to attempts to unduly influence the HREC.

Results

- ❖ The Institution does not allow officials of the Institution to approve research that has not been approved by the HREC.

- Individuals responsible for the oversight of research know how to report undue influence.
- The Institution responds to attempts to unduly influence the individuals responsible for the oversight of research.
- Individuals responsible for the oversight of research do not experience undue influence from the institutional official or others.
- The HREC functions independently

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s),No.6(xvi)
- WHO-TDR: Chapter II, Standard 4

Component I.1.D. The Institution has and follows written policies and procedures setting forth the ethical standards and practices governing research. Relevant policies and procedures are made available to Sponsors, Researchers, Research Staff, Research participants, and the Research Ethics Committee, as appropriate.

Introduction

The protection of research participants is the responsibility of many individuals involved in research, including HREC members, Chairs, and Staffs; Researchers and Research Assistants; and the Institutional official. The Institution should define the roles and responsibilities of individuals responsible for the conduct or oversight of human research. Individuals should understand their roles and responsibilities. This Component includes both the responsibility to follow laws, regulations, codes, and guidance and the requirement to understand and apply ethical principles governing research.

An Institution should communicate its expectations of those involved in research. The level of communication required depends on the degree of involvement and role in research. For example, the policies and procedures most relevant to Researchers and Research Assistants are different from those relevant to the HREC staffs. An Institution should make copies available of policies and procedures, or provide guidelines, abstracts, or summaries that communicate the relevant points.

An Institution should define all of the components (internal and external) that are involved with human research protection and ensure that those components communicate among themselves and function as an integrated group. Independent HRECs should consider not only components within their Institution but also the components of Institutions for which they serve as the HREC of record.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the ethical principles that the Institution follows to govern the conduct of research involving human participants.
- Policies and procedures describe the ethical obligations and expectations of:
    - Researchers and Research Assistants, including students involved in the conduct of research.
    - REC members and chairs.
    - REC staff.
    - The institutional official.
    - Employees.
    - Students.

- ❖ Policies and procedures describe the mechanism for communicating or making available the policies and procedures of the research to all individuals.
- ❖ Policies and procedures describe the mechanism for communicating changes in the policies and procedures to all individuals.
- ❖ Policies and procedures include a description of all components that are involved with human research protection, including:
    - The roles and responsibilities for each component.
    - The relationships among the component
    - A description of the ways the components of the Institution communicate and work together to protect participants.
- ❖ Policies and procedures include a statement that clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.

Relevant Documents

- ❖ HREC policies and procedures
- ❖ Researcher handbook

Results

- ❖ The Institution follows ethical standards and practices.
- ❖ Individuals in the Institution follow ethical standards and practices.
- ❖ The Institution makes available to individuals involved or likely to be involved in research policies and procedures governing research with human participants.
- ❖ Individuals are kept up to date with new information and policies and procedures.
- ❖ Individuals are able to access policies and procedures.

Regulatory and Guidance References

- ❖ ICH-GCP: 2.1, 2.3, 2.6, 2.13, 3.3.1, 3.3.6
- ❖ NCHRE: Section E and F
- ❖ WHO-TDR: Chapter III, Standard 7

Component I.1.E.The Institution has an education program that contributes to the improvement of the qualifications and expertise of individuals responsible for protecting the rights and welfare of research participants.

Introduction

The protection of research participants is the responsibility of many individuals involved in research, including HREC members, Chairs, and Staffs; Researchers and Research Assistants; and the Institutional official. To protect research participants these individuals need to understand and be able to apply several areas of knowledge, including ethical principles, professional standards, institutional policies and procedures, and laws, regulations, codes, and guidance.

The depth of knowledge and skill required depends on each individual's specific task and role. For example, HREC chairs or reviewers designated to use the expedited procedure of review should have more knowledge and skill than a new HREC member. Researchers need different skills depending on the nature of their research or the expertise of their support staff.

An Institution should have a process to ensure that individuals involved with human research protection have appropriate knowledge and skills. Such a process can include formal training and evaluation of previous training and experience. The size and breadth of the education program should be customized to meet the needs of the Institution. An Institution should periodically evaluate the knowledge and skills of individuals involved in the research.

Needed Written Documents

Essential requirements:

- The Institution maintains a list of educational activities designed to contribute to the improvement of the qualifications and expertise of individuals responsible for protecting the rights and welfare of research participants.
- Policies and procedures include initial education requirements, including timeframes, for Researchers and Research Assistants; HREC staff, HREC chairs, and members; and others.
- Policies and procedures indicate how education requirements are monitored.
- Policies and procedures describe continuing education requirements and time frames.
- Policies and procedures describe what actions the HREC or the Institution takes if education requirements are not fulfilled.

Relevant Documents

- Lists of educational activities
- Education plans
- Education records

Results

- The Institution has an education program to ensure that individuals involved in the research have appropriate knowledge and skills.

Regulatory and Guidance References

- NCHRE: Section G&H
- WHO-TDR: Chapter II, Standard 5

Component I.1.F. The Institution has and follows written policies and procedures for reviewing the scientific or scholarly validity of a proposed research study. Such procedures are coordinated with the ethics review process.

Introduction

This requires an Institution to have a level of science or scholarly review sufficient to fulfill two criteria for approval of research used by the HREC: Risks to participants are minimized by using procedures consistent with sound research design and that do not unnecessarily expose participants to risk, and Risks to participants are reasonable in relation to anticipated benefits, if any, to participants and the importance of the knowledge that may reasonably be expected to result.

An Institution may use various mechanisms to evaluate scientific or scholarly validity of proposed research. The HREC may draw on its own knowledge and disciplinary expertise, or the HREC may draw on the knowledge and disciplinary expertise, of others, such as review by a funding agency, an Institutional scientific review committee, or Department chairs. The Institution may also use a combination of these mechanisms. In all cases, the conduct of the scientific or scholarly review requires the reviewers to have the expertise to understand the background, aims, and methods of the research to answer the above questions and to draw on the discipline's standards for conducting research.

The results of the review should be communicated to the HREC as part of the process for review and approval. The HREC cannot delegate its responsibility to judge whether the criteria for approval are met. This Component does not require a merit review that compares the value of the research to other research studies or a peer review designed to maximize scientific quality. Therefore, this Component does not require the level of disciplinary expertise required for review of relative merit or peer review.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the Institution's evaluation of proposed research for scientific or scholarly validity.
- Policies and procedures indicate the individuals or entities that are responsible for scientific review.
- Scholarly or scientific review of proposed research addresses the following issues:
    - Does the research use procedures consistent with sound research design?
    - Is the research design sound enough to yield the expected knowledge?
    - If scientific review is conducted by an entity other than the HREC, policies and procedures describe how the review is documented and communicated to the HREC.

- ❖ Policies and procedures include the evaluation of the available nonclinical and clinical information on an investigational product is adequate to support the proposed clinical trial.

Relevant Documents

- ❖ Reviewer checklist
- ❖ Written evaluations

Results

- ❖ Individuals who conduct scientific or scholarly review include members who have relevant expertise and draw upon the standards to conduct research applicable to the scientific or scholarly discipline.
- ❖ The scientific review process evaluates: the soundness of the research design, and the ability of the research to answer the proposed questions.
- ❖ The scientific review process provides the HREC the information it needs to determine whether the regulatory criteria are met

Regulatory and Guidance References

- ❖ ICH-GCP: 2.4, 2.5
- ❖ NCHRE: Section E, F & M
- ❖ WHO-TDR: Chapter III, Standard 7

Component I.1.G. The Institution has and follows written policies and procedures that identify applicable laws in the localities where it conducts human research, takes them into account in the review and conduct of research, and resolves differences between federal or national law and local laws.

Introduction

Sometimes, there are laws other than federal or national, such as state, provincial, or local, which govern the conduct of research involving human participants. Policies and procedures should include the definitions and applicability of these laws or define a process to determine definitions and applicability, in the jurisdiction in which the Institution resides, as well as in the locations where research is conducted. This would normally include obtaining legal counsel. An Institution may have its own legal counsel or rely on external legal counsel. Policies and procedures should describe the application of laws so that the laws are understandable to HREC members, HREC staff, and Researchers and Research Assistants, rather than simply restate the law. Independent HRECs should have a process to determine the particular international, national, and local laws that influence HREC determinations within the specific locality where the research is conducted.

When research is conducted that involves children or adults who have impaired decision-making, policies and procedures should define which individuals meet the legal definitions of "legally authorized representative," "child," and "guardian." In some jurisdictions, there are other laws that provide additional protections for participants of research and are applicable to HREC decisions to approve research. Such laws include privacy, genetic testing, genetic information, and reporting of child, elder, or spousal abuse.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe the application of laws relevant to research involving humans as participants, when the research is conducted:
    - In the jurisdiction where the Institution resides.
    - Outside the jurisdiction where the Institution resides.
- ❖ Policies and procedures describe the process to resolve conflicts between federal or national law and other applicable laws.

Results

- ❖ The Institution has access to legal counsel for assistance in applying laws to research involving human participants.

- Research complies with applicable laws relevant to research involving human participants.
- Conflicts among applicable laws are resolved.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section (m-p)
- WHO-TDR: Chapter III, Standard 7, No.7

Standard I-2: The Institution responds to the concerns of research participants.

Component I.2.A. The Institution has and follows written policies and procedures that establish a safe, confidential, and reliable channel for current, prospective, or past research participants or their designated representatives that permits them to discuss problems, concerns, and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol or plan.

Introduction

Institutions should provide information to current, former, and prospective research participants about whom to contact for concerns, questions, or complaints about the research; obtain information; or offer input. Institutions should also have a mechanism to solicit concerns, questions, or input from prospective participants. The Institution should have policies and procedures that describe the steps followed by the Institution to respond to contacts from participants or others.

Needed Written Documents

Essential requirements:

- Contact information for an individual or office that is unaffiliated with a specific research study is available to current, former, and prospective research participants to:
    - Discuss problems, concerns, and questions.
    - Obtain information.
    - Offer input.
- Policies and procedures describe the steps followed when the Institution responds contacts from participants or others.

Relevant Documents

- Web site
- Pamphlet or brochure
- Consent template

Results

- The Institution provides information to current, former, and prospective participants or others about whom to contact in the Institution to discuss problems, concerns, and questions; obtain information; and offer input.
- The Institution responds to contacts from participants or others.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.1
- WHO-TDR: Chapter V, Standard 10, No.3-5

Component I.2.B. The Institution conducts activities designed to enhance understanding of human research by participants, prospective participants, or their communities, when appropriate. These activities are evaluated on a regular basis for improvement.

Introduction

To enhance the public's understanding of research, Institutions should perform outreach activities. The scope of the outreach activities should be proportional to the size and complexity of the research program. There is no requirement that a single activity will result in measurable changes in community understanding.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the plan and methods for enhancing the understanding of participants, prospective participants, and communities.
- Policies and procedures describe the periodic evaluation of outreach activities.

Relevant Documents

- Pamphlet or brochure
- Web site
- Research Day
- Mini-medical school
- Speaker bureau
- Evaluation reports
- Quality improvement plans

Results

- The Institution provides information designed to enhance the understanding of research involving participants and their community.
- HREC members and Researchers can describe the characteristics and culture of the communities in which they oversee or conduct research, respectively.
- The Institution makes improvements to its outreach activities as needed based upon a periodic assessment.

Regulatory and Guidance References

- WHO-RDR: Chapter III, Standard 7, No.7

Component I.2.C. The Institution promotes the involvement of community members, when appropriate, in the design and implementation of research and the dissemination of results.

Introduction

In some instances, the design and implementation of research can be enhanced when individuals from the community in which the research will be conducted are involved in the design, conduct, and analysis of data from the research. This can occur for an individual study or group of studies. This Component is not applicable, or appropriate, for all research studies. An Institution can facilitate the involvement of community members by supporting community of patient advocacy boards, supporting Researchers who wish to conduct community-based participatory research or other types of research that involve community members, or supporting the HREC in developing the expertise to review community-based participatory research.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the additional considerations for reviewing research involves community members in the research process, including the design and implementation of research and the dissemination of results.

Relevant Documents

- Research studies using a community-based participatory research design
- Use of community advisory boards
- Use of participant advocates
- Partnerships with community-based organizations

Results

- When appropriate, the Institution supports mechanisms that allow Researchers to involve community members in the research process, including the design and implementation of research and the dissemination of results.
- When appropriate, Researchers involve community members in the design, conduct, and analysis of data.
- When appropriate, Researchers inform community members about the results of the research study and utilize community members to help disseminate results.

Regulatory and Guidance References

- NCHRE: Section M, Sub-section(c)
- WHO-TDR: Chapter III, Standard 7, No.7

Component I.2.D. The Institution provides resources sufficient to protect the rights and welfare of research participants for the research activities that the Institution conducts or oversees.

Introduction

Resources include all needs of any research, such as staff, consultants, HRECs, equipment, finances, information technology systems, and space to store records securely, permit private conversations, accommodate computer and office equipment, and hold meetings. There are no standards or formulas for sufficient resources; the determination is made based on outcome. If an Institution meets all other Components, resources will be judged sufficient. If an Institution does not meet a Component, insufficient resources will be considered as a possible reason.

An Institution may rely on the services, such as the HREC, contracting office, or conflict of interest committee, of another Institution to supplement its resources. If an Institution relies on the services of another institution, policies and procedures should describe the steps followed by the Institution to ensure that the external service meets the relevant accreditation standards.

Needed Written Documents

Essential requirements:

- The Institution maintains adequate resources for support of the operations of the HREC, including but not limited to administrative resources including space and personnel, in order to meet the accreditation standards.
- Policies and procedures describe the plan to evaluate resources needed for the research.
- If the Institution relies on the services or components of another Institution, policies and procedures describe the steps followed (e.g., criteria, evaluation, or monitoring) to evaluate whether the service or component meets the relevant accreditation standards.

Results

- The Institution has allocated the financial and personnel resources necessary to carry out the operations of the HREC in order to meet the accreditation standards.
- The Institution periodically reviews the resources allocated to the HREC and adjusts resources as needed.
- The Institution periodically evaluates key functions of the HREC, such as the number of HRECs, the conflict of interest committee, the quality improvement program, the educational activities, sponsored programs, and pharmacy services, and makes adjustments so that key functions of the HREC are accomplished in a thorough and timely manner.

- When the Institution relies on the services of another institution, the Institution ensures that the services meet the relevant accreditation standards.

Regulatory and Guidance References

- ICH-GCP: 4.2.3
- NCHRE: Section E, Sub-section(r)&(s),No.6(xvi-xx)
- WHO-TDR: Chapter II, Standard

Component I.2.E. The Institution's transnational research activities are consistent with the ethical principles set forth in its policies and program and meet equivalent levels of participants protection as research conducted in the Institution's principal location while complying with local laws and taking into account cultural context.

Introduction

Researchers often conduct studies in other countries as well as in their own country. HRECs that review such research must be knowledgeable about the laws, regulations, codes, and guidance that govern such research in addition to the cultural context in which the research will be conducted. Both Researchers and the HREC have the responsibility to ensure the research performed in other countries meets equivalent levels of protection that would be required in the Institution's principal location, taking into account local laws and cultural context.

Needed Written Document

Essential requirements:

- The Institution has policies and procedures for reviewing transnational research.
- Ensuring appropriate expertise and knowledge of the country either through HREC membership or consultants.
- Confirming the qualifications of the Researchers and Research assistants for conducting research in that country.
- Initial review, continuing review, and review of modifications.
- Knowledge of local laws.
- Post-approval monitoring.
- Handling of complaints, non-compliance, and unanticipated problems involving risk to participants or others.
- Consent process and other language issues.
- Communication and coordination with local
- HRECs when appropriate.
- All policies and procedures that are applied to research conducted domestically should be applied to research conducted in other countries, as appropriate.

Relevant Documents

- Applications
- Checklists
- Copies or summaries of local laws

Results

- Researchers provide the same or equivalent protections to human participants in research conducted in other countries.
- When conducting transnational research, Researchers are aware of local laws and cultural context in all locations where the research is conducted and comply with local laws and adhere to cultural norms.
- When reviewing transnational research, HRECs ensure that equivalent protections are provided to research participants enrolled in research in other countries.
- HRECs make determinations and decisions based on laws and knowledge of the country in which the research will be conducted

Regulatory and Guidance References

- NCHRE: Section E, Sub-section (m-o)
- WHO-TDR: Chapter III, Standard 7, No.4&7

Standard I-3: The Institution measures and improves, when necessary, compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution also measures and improves, when necessary, the quality, effectiveness, and efficiency of its policies.

Component I.3.A. The Institution conducts audits or surveys or uses other methods to assess compliance with Institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution makes improvements to increase compliance, when necessary.

Introduction

An Institution's quality improvement program should include measures of compliance with institutional policies and procedures and applicable laws, regulations, codes, and guidance. The Institution's quality improvement program should include an evaluation of its policies and program to determine whether it is effective in achieving compliance.

The Institution should collect objective data through audits, surveys, or other methods and use the data to make improvements and monitor compliance on an ongoing basis. The number of audits or surveys, or the breadth of the audits or surveys, conducted should be determined by the Institution and sufficiently robust to provide data that inform the quality improvement program.

Needed Written Documents

Essential requirements:

- The Institution has a quality improvement plan that periodically assesses compliance of its policies and program.
- The plan states the goal of the quality improvement plan with respect to achieving and maintaining compliance.
- The plan defines at least one objective to achieve or maintain compliance.
- The plan defines at least one measure of compliance.
- The plan describes the methods to assess compliance and make improvements.

Relevant Documents

- Compliance plans
- Audits, surveys, or data collection tools
- Surveys
- Evaluation reports

Results

- The Institution monitors compliance based on objective data and makes improvements, when necessary.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6(xviii-xx)
- WHO-TDR: Chapter II, Standard 6

Component I.3.B. The Institution conducts audits or surveys or uses other methods to assess the quality, efficiency, and effectiveness of all research activities. The Institution identifies strengths and weaknesses of its policies and makes improvements, when necessary, to increase the quality, efficiency, and effectiveness of all research activities.

Introduction

An Institution's quality improvement program should include measures of quality, efficiency, and effectiveness to evaluate the performance of its policies and program. The Institution should use results from the quality improvement program to design and implement improvements. The Institution should collect objective data through audits, surveys, or other methods and use the data to make improvements and monitor quality, efficiency, and effectiveness on an ongoing basis.

Needed Written Documents

Essential requirements:

- The Institution has a quality improvement plan that periodically assesses the quality, efficiency, and effectiveness of its policies and program.
- The plan states the goals of the quality improvement plan with respect to achieving targeted levels of quality, efficiency, and effectiveness of its policies and program.
- The plan defines at least one objective of quality, efficiency, or effectiveness.
- The plan defines at least one measure of quality, efficiency, or effectiveness.
- The plan describes the methods to assess quality, efficiency, and effectiveness and make improvements.

Relevant Documents

- Quality improvement plan
- Audits, surveys, or other data collection tools.
- Evaluation reports

Results

- The Institution identifies targets for quality, efficiency, and effectiveness of its policies and program.
- The Institution plans improvements based on measures of quality, efficiency, and effectiveness.
- The Institution implements planned improvements.
- The Institution monitors and measures the effectiveness of improvements.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6(xviii-xix)
- WHO-TDR: Chapter II, Standard 6

Component I.3.C. The Institution has and follows written policies and procedures so that Researchers and Research Staff may bring forward to the Institution concerns or suggestions regarding research, including the ethics review process.

Introduction

The Institution should have open communications with Researchers and Research Assistants under its oversight and be responsive to questions, concerns, and suggestions. Policies and procedures should describe the ways Researchers and Research Assistants may communicate with representatives of the Institution.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the process for Researchers and Research Assistants to obtain answers to questions, express concerns, and convey suggestions regarding the Institution's policies and programs

Results

- Researchers and Research Assistants know how to obtain answers to questions regarding the Institutions policies and program.
- Researchers and Research Assistants know how to express concerns or convey suggestions about the policies and program.
- Researchers and Research Assistants find the Institution responsive to their questions, concerns, and suggestions.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6 (ii)
- WHO-TDR: Chapter V, Standard 10, No.3&4

Component I.3.D. The Institution has and follows written policies and procedures for addressing allegations and findings of non-compliance with its policies. The Institution works with the Research Ethics Committee when appropriate, to ensure that participants are protected when non-compliance occurs. Such policies and procedures include reporting these actions, when appropriate.

Introduction

Non-compliance refers to not following laws or regulations that govern research involving human participants, the Institution's policies and procedures, or the requirements or determinations of the HREC. Non-compliance can be relatively minor or serious. Non- compliance can also be a one-time event or a continuing problem.

Policies and procedures should consider a range of corrective actions that are applicable to the spectrum of non-compliance. Corrective actions should be appropriate to the nature and degree of the non- compliance. Some laws or regulations specify reporting requirements to regulatory agencies, Sponsors, or other entities that should be incorporated into the Institution's policies and procedures.

Needed Written Documents

Essential requirements:

- Policies and procedures define:
    - Non-compliance.
    - Serious non-compliance.
    - Continuing non-compliance.
- Policies and procedures describe the various mechanisms for informing the Institution or HREC of non-compliance:
    - Reporting requirements for Researchers, Staffs, and Employees.
    - Consideration of complaints and protocol deviations.
    - Results of audits.
- Policies and procedures describe:
    - The Institution's process to decide whether each allegation of non-compliance has a basis in fact.
    - The Institution's process to decide whether each
    - Incident of non-compliance is serious or continuing.

- ❖ Policies and procedures describe the Institution's process to manage non-compliance that is neither serious nor continuing.
- ❖ Policies and procedures describe the process for management of serious or continuing non-compliance by the convened HREC, including:
    - If a primary reviewer system is used, documents distributed to primary reviewers.
    - Documents distributed to all HREC members.
    - Range of possible actions considered by the HREC
- ❖ Required actions:
    - Suspension of HREC approval the research.
    - Termination of HREC approval the research.
    - Notification of current participants when such information might relate to participants' willingness to continue to take part in the research.
- ❖ Optional actions:
    - Modification of the protocol.
    - Modification of the information disclosed during the consent process.
    - Providing additional information to past participants.
    - Requiring current participants to re-consent to participation.
    - Modification of the continuing review schedule.
    - Monitoring of the research.
    - Monitoring of the consent process.
    - Referral to other institutional entities.
- ❖ Policies and procedures describe the reporting of serious or continuing non-compliance, including a requirement for the report to be distributed to:
    - Specific institutional officials.
    - Other agencies when the research is overseen by those agencies.
    - The maximum time allowed between the recognition of a reportable event and fulfilling reporting.

Results

- ❖ Researchers and Research Assistants report allegations of non-compliance to the HREC.

- Non-compliance is identified and managed.
- The HREC or institutional official reports serious or continuing non-compliance as required.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6(xix) and Section N

Standard I-4: The Institution has and follows written policies and procedures to ensure that research is conducted so that financial conflicts of interest are identified, managed, and minimized or eliminated.

Component I.4.A. The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate financial conflicts of interest of the Institution that could influence the conduct of the research or the integrity of research.

Introduction

An Institution that conducts or reviews research involving human participants has an obligation to protect the rights and welfare of participants, ensure the integrity of the research, and ensure the credibility of research. An Institution or key institutional leaders sometimes have financial interests that conflict with the Institution's obligation to protect participants, preserves the integrity of the research, or maintains the credibility of research. For example, an Institution or key institutional leader might have a proprietary or ownership interest in research that is being reviewed or conducted by the Institution.

The fact that a financial interest exists does not necessarily indicate that an Institution will act contrary to the best interests of research participants. Policies and procedures should describe the process the Institution uses to identify, evaluate, manage, and minimize or eliminate such interests.

Needed Written Documents

Essential requirements:

- Policies and procedures provide a definition of institutional financial conflict of interest that includes:
    - Licensing, technology transfer, patents
    - Investments of the institution
    - Gifts to the organization when the donor has an interest in the research
    - Financial interests of senior administrators
    - Other financial interests
- Policies and procedures describe the process to identify or disclose financial conflicts of interest of the Institution:
    - A policy addressing financial conflict of interest pertaining to technology transfer and patents is not required if this matter is addressed in other policies and procedures.
    - A separate policy addressing the identification and management of financial conflicts of interest of senior administrative officials is not required, if this is covered in the Institution's financial conflict of interest policy for individuals.

- Policies and procedures describe the committee or individual(s) and process that the Institution uses to evaluate and manage institutional financial conflict of interest.
- Policies and procedure include examples of management strategies.

Relevant Documents

- Financial disclosure form
- Institutional policy and procedure on individual conflict of interest that cover senior administrative officials
- Institutional policy and procedure on technology transfer and patents

Results

- The Institution follows policies and procedures for recognizing and managing institutional financial conflicts of interest.
- Financial conflicts of interest are identified, managed, and minimized or eliminated to maintain protection of research participants, ensure the integrity of the research, and ensure the credibility of research.

Regulatory and Guidance References

- NCHRE: Section C, Sub-section(a), No(2)v

Component I.4.B. The Institution has and follows written policies and procedures to identify, manage, and minimize or eliminate individual financial conflicts of interest of Researchers and Research Assistants that could influence the conduct of the research or the integrity of research. The Institution works with the Research Ethics Committee in ensuring that financial conflicts of interest are managed and minimized or eliminated, when appropriate.

Introduction

A financial conflict of interest of a Researcher or Research Assistants (defined as anyone involved in the design, conduct, or reporting of research) can be broadly defined as an interest that competes with the Researcher's or Research Assistants obligation to protect the rights and welfare of research participants, preserve the integrity of the research, or uphold the credibility of research. Processes to define financial conflict of interest are generally dictated by laws or regulations, and generally vary in terms of what financial interests must be disclosed and when a financial interest is considered a financial conflict of interest.

An institution should have a policy and procedure to manage or eliminate the financial conflicts of interest of Researchers and Research Assistants that meets the laws, regulations, and codes to which it is bound. They should address the primary components of disclosure (what financial interests must be reported and by whom), evaluation and management, monitoring and enforcement, and reporting, and education. Policy and procedures should be consistent but may vary to meet unique requirements of a particular law, regulations, or code when an Institution must follow multiple laws, regulations, or codes.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures define the financial interests of Researchers and Research Assistants for which the Institution requires disclosure.
- ❖ Policies and procedures require disclosure of financial interests of Researchers and Research Assistants.
- ❖ Policies and procedure define the individuals who must disclose financial interests (financial interests of immediate family members).
- ❖ Policies and procedures define immediate family members (immediate family members at a minimum include the spouse and each dependent child).
- ❖ Financial interests that require disclosure (the financial disclosure threshold does not vary by funding or regulatory oversight).
- ❖ Policies and procedures describe the process and requirements to educate Researchers and Research Assistants about disclosures and responsibilities related to financial conflict of interest:
    - Education is required of each individual initially at least every four years.

- Education is required immediately when financial conflict of interest policies are revised in a manner that changes researcher requirements.
- A researcher is new to the institution.
- A researcher is non-compliant with financial conflict of interest policies and procedures.

❖ Policies and procedures describe the process the Institution uses to obtain financial disclosures from Researchers and Research Assistants:

- Minimum of annual disclosure.
- Update new significant financial interests within 30 days of acquisition or discovery.

❖ Policies and procedures describe the process the Institution uses to evaluate and manage financial interests:

- The institutional official(s) or committee designated to evaluate and manage.
- The definition of significant financial interest.
- The inclusion of relatedness to research in the definition of significant financial interest.
- Designation of the individual or entity that determines relatedness.
- Examples of strategies to manage financial conflicts of interests.

❖ Policies and procedures establish monitoring and enforcement mechanisms for management plans and provide employee sanctions or other administrative actions to ensure researcher compliance:

- Examples of sanctions or other administrative actions.
- Management may include a retrospective review and a mitigation report if necessary.
- If a committee or individual other than the HREC evaluates and manages financial interests of Researchers and Research Assistants, policies and procedures describe:
- The process to inform the HREC of the results of this evaluation, including any management plan.
- The process that allow the HREC to have the final authority to decide whether the interest and its management, if any, allows the research to be approved.

❖ Policies and procedures ensure that reporting requirements for funding or regulatory agencies are met.

- Policies and procedures have the Institution maintain records related to disclosures and management of financial conflicts of interest for at least three years from completion of the research.

Relevant Documents

- Financial disclosure form
- Institutional policy and procedure on Researcher conflict of interest
- Reviewer checklist

Results

- Conflicts of interest are identified, managed, and minimized to maintain protections of participants, ensure the integrity of research, and ensure the credibility of the research.
- Management plans are monitored and enforced and when necessary, non-compliance is addressed with sanctions or administrative actions.
- Conflicts of interest are reported to regulatory agencies when required by its policies.

Regulatory and Guidance References

- NCHRE: Section F, Sub-section (f), No.5 (xviii)

Standard I-5: The Institution has and follows written policies and procedures to ensure that the use of any investigational or unlicensed test article complies with all applicable legal and regulatory requirements.

Component I.5.A. When research involves investigational or unlicensed test articles, the Institution confirms that the test articles have appropriate regulatory approval or meet exemptions for such approval.

Introduction

This Component applies only to an Institution that conducts research or an independent HREC that oversees research involving investigational articles regulated by a national regulatory body (e.g., NAFDAC). When research is conducted to determine the safety or effectiveness of a device, Institutions should confirm that the device has an IDE, the device fulfills the requirements for an abbreviated IDE, or the research meets one of the regulatory exemptions from the requirement to have an IDE. When research involves a drug or device with an IND or IDE, respectively, the Institution should evaluate whether the IND or IDE number is valid.

Validation can be done by determining that the IND or IDE number matches the Sponsor protocol, communication from the Sponsor, or communication from the regulatory agency. In the case of a Researcher who holds the IND or IDE, the number should match information provided by the regulatory agency. An investigator's brochure should not be used because one investigator brochure often covers multiple INDs or IDEs.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the legal and regulatory requirements that apply to the use of investigational test articles.
- Policies and procedures describe the process the Institution uses to confirm that test articles have appropriate regulatory approval, such as a clinical trial certificate or an IND or IDE, or meet exemption requirements for such approvals.

Relevant Documents

- Application form
- Reviewer checklist

Results

- Research involving the use of investigational articles complies with regulations governing investigational articles.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6(xii-xv)

Component I.5.B. The Institution has and follows written policies and procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.

Introduction

This Component applies only to an Institution that conducts research with investigational or unlicensed test drugs or devices or an independent HREC that reviews a Researcher's plan to control test articles. An Institution should describe the process for handling investigational or unlicensed test articles so that they are used only in approved protocols and under the direction of approved Researchers.

Possible methods Institutions can use to control investigational drugs and devices are: protocol-by-protocol review and approval of the Researcher's plan to control test articles along with training or evaluation of Researchers on knowledge and compliance with the plan, and Institutional control of test articles. For example, Institutions can control investigational drugs by having a pharmacy store them and dispense them only under the prescription of an approved Researcher.

Procedures for the control of investigational drugs and devices should apply to all settings in which the Institution uses investigational drugs and devices, such as inpatient, outpatient, on-site, and off-site settings.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the control of investigational drugs.
- Policies and procedures describe the control of investigational devices.
- Policies and procedures include: a description of the manufacturing, handling, and storage in accordance with applicable good manufacturing practice.
- Where allowed or required, the Researcher or Institution assigns some or all duties for investigational articles accountability at the clinical trial sites to an appropriate pharmacist or another appropriate individual who is under the supervision of the Researcher or Institution.
- The Researcher, pharmacist, or other designated individual maintains records of the product's delivery to the clinical trial site, the inventory at the site, the use by each participant, and the return to the Sponsor or alternative disposition of unused products. These records include dates, quantities, batch or serial numbers, and expiration dates (if applicable), and the unique code numbers assigned to the investigational products and trial participants.
- The Researcher maintains records that document adequately that the participants are provided the doses specified by the protocol and reconcile all investigational products received from the Sponsor.

Results

- Investigational test articles are used only in approved research protocols and under the direction of approved Researchers.
- The Institution has a process to ensure the proper handling of investigational test articles

Regulatory and Guidance References

- ICH-GCP: 2.12, 4.6.1, 4.6.2 – 4.6.4
- NCHRE: Section E, Sub-section(s), No.6(xii

Component I.5.C. The Institution has and follows written policies and procedures for compliance with legal and regulatory requirements governing emergency use of an investigational or unlicensed test article.

Introduction

This Component applies only to Institutions that use investigational or unlicensed test articles in emergency situations and the use constitute research and is regulated. The Component also applies to independent HRECs that review research involving the emergency use of test articles. The use of an investigational test article in an emergency situation is usually exempt from prior HREC review. This exemption is used in a life-threatening situation in which no standard acceptable treatment is available and in which there is insufficient time to obtain HREC approval. Even without HREC review, the consent of the participant or the participant's legally authorized representative should be obtained in order to use the investigational article. There are situations in which an exception can be made to the requirement to obtain consent.

An Institution should allow Researchers to notify the Institution in advance of an emergency use to obtain guidance. The Institution should review these notifications to determine whether the circumstances will follow regulatory or legal requirements for the emergency use of a test article. The HREC should be notified of all emergency uses within five days of the use and notified in writing of all exceptions to the requirement for consent within five days of the exception. HRECs should review these reports to determine whether the circumstances follow regulatory requirements for the emergency use of a test article, and whether consent was obtained in accordance with regulations or the circumstances met the exception to the requirement for consent. The Institution should monitor the emergency use of test articles to ensure that continued use does not occur, which constitutes research.

Needed Written Documents

Essential requirements:

- In order to use a test article in an emergency situation, policies and procedures describe the criteria that permit the emergency use of a test article.
- Policies and procedures indicate consent will be obtained in accordance with regulations or laws or meet the requirements for an exception to obtain consent.
- Policies and procedures describe the role of the HREC as appropriate.

Relevant Documents

- Policies and procedures

Results

- Emergency uses of investigational/unlicensed test articles follow regulations or laws.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section (s), No.6 (xii-xv)

Standard I-6: The Institution works with public, industry, and private Sponsors to protect research participants.

Component I.6.A. The Institution has a written agreement with the Sponsor that addresses medical care for research participants with a research-related injury, when appropriate.

Introduction

When appropriate, arrangements for medical care for research-related injury should be defined before the research starts and communicated to prospective participants. This Component does not require any particular party, among the Institution, Sponsor or its agents, or participant to be responsible for such care; it requires that it be made clear to participants who will provide medical care and who will be responsible to pay for it.

This Component primarily applies only to the Institution that conducts clinical research. If an Institution conducts other types of research in addition to clinical research, this Component is generally not applicable, although there might be instances where research-related injury requiring medical care could occur. The Institution should evaluate the risk of injury in the research conducted under its auspices and should make determinations whether medical care for research-related injury might be needed.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures have contracts or other funding agreements indicate who will provide care and who is responsible to pay for it.
- ❖ For independent HRECs:
    - If the Institution contracts with Sponsors or clinical research organizations, contracts or other funding agreements state that Sponsors are required to indicate who will provide care and who is responsible to pay for it.
- ❖ Policies and procedures include the process used to ensure that contracts with the Researcher indicate who will provide care and who is responsible to pay for it, such as an attestation or other written statement from the Researcher or clinical research organization, for examples master service agreement or work order.

Relevant Documents

- ❖ Contract template
- ❖ Reviewer checklist for contract language

Results

- ❖ When appropriate, arrangements for medical care for research-related injury are defined before the research starts.

- For independent HRECs attestations or other written statements or agreements describe who will provide care and who is responsible to pay for it.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6 (ix-xi)

Component I.6.B. In studies where Sponsors conduct research site monitoring visits or conduct monitoring activities remotely, the Institution has a written agreement with the Sponsor that the Sponsor promptly reports to the Institution findings that could affect the safety of participants or influence the conduct of the study.

Introduction

This Component does not apply when the Sponsor is not responsible for monitoring the research. Monitoring of the research refers to overseeing the progress of a research study. An Institution that works directly with a Sponsor should require the Sponsor or its agents to report to the Institution findings of serious or continuing non-compliance detected during the monitoring process that could affect the safety of participants or influence the conduct of the study.

If an independent HREC or an Institution does not work directly with the Sponsor, the independent HREC or Institution should have a mechanism to ensure it receives copies of the monitoring reports that contain findings that could affect the safety of participants or influence the conduct of the study. An Institution in this case should make the findings available to the HREC.

Needed Written Documents

Essential requirements:

- ❖ Policy and procedures have contracts or other funding agreements require the Sponsor to promptly report to the Institution any findings that could:
    - Affect the safety of participants.
    - Influence the conduct of the study.
- ❖ For independent HRECs:
    - If the Institution contracts with Sponsors or clinical research organizations, contracts or other funding agreements state that Sponsors are required to promptly report to the HREC findings that could affect the safety of participants or influence the conduct of the study.
    - Policies and procedures include the process used to ensure that contracts with the Researcher obligate the Sponsor to promptly report any findings of study monitors that could affect the safety of participants or influence the conduct of the study to the Researcher or institution conducting the research, such as an attestation or other written statement from the Researcher or clinical research organization, for example a master service agreement or work order.
    - Policies and procedures require Researchers or the institution conducting the research to promptly forward this information to the HREC.

Relevant Documents

- ❖ Contract template

- Reviewer checklist for contract language.

Results

- Contracts and other funding agreements require the Sponsor to promptly report to the Institution any findings that could, affect the safety of participants and influence the conduct of the study.
- An independent HREC or an Institution that does not work directly with the Sponsor has a mechanism to receive findings that could affect the safety of participants or influence the conduct of the study. An Institution in this case makes the findings available to the HREC.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6 (ix-xi)

Component I.6.C. When the Sponsor has the responsibility to conduct data and safety monitoring, the Institution has a written agreement with the Sponsor that addresses provisions for monitoring the data to ensure the safety of participants and for providing data and safety monitoring reports to the Institution.

Introduction

HRECs have the responsibility to ensure that provisions for data and safety monitoring are adequate and that results from data and safety monitoring justify the continuation of HREC approval of the research study. When the Institution works directly with the Sponsor, or its agent, and the Sponsor, or its agents, has the responsibility for data and safety monitoring, the contract or funding agreement should include arrangements so that data and safety monitoring plans are provided to the Institution or provided to the Researcher who provides them to the HREC.

Contracts and funding agreements should stipulate that reports from data and safety monitoring are provided to the Researcher who provides them to the HREC. If an independent HREC does not work directly with the Sponsor, it should have a mechanism to ensure it receives the data and safety monitoring plan in order to review the research study and results of the data and safety monitoring to ensure that continuation of HREC approval of the research study is justified.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures have contracts or other funding agreements require the Sponsor to send data and safety monitoring reports to the Institution.
- ❖ Contracts or other funding agreements specify the time frame for providing routine and urgent data and safety monitoring reports to the Institution.
- ❖ For independent HRECs:
    - If the Institution contracts with Sponsors or clinical research organizations, contracts or other funding agreements state that Sponsors are required to send routine and urgent data and safety monitoring reports to the HREC.
    - Policies and procedures include the process used to ensure that contracts obligate the Sponsor to send routine and urgent data and safety monitoring reports to the Researcher or institution conducting the research, such as an attestation or other written statement from the Researcher or clinical research organization, for example a master service agreement or work order.
    - Policies and procedures require Researchers or the institution conducting the research to forward this information to the HREC.

Results

- ❖ Contracts or other funding agreements require the Sponsor to provide reports of data and safety monitoring to the Institution.

- The independent HREC has a mechanism to ensure it receives data and safety monitoring plans prior to HREC approval of the research.
- The independent HREC has a mechanism to ensure it receives routine and urgent reports of data and safety monitoring.

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.6(ix-xi)

Component I.6.D. Before initiating research, the Institution has a written agreement with the Sponsor about plans for disseminating findings from the research and the roles that Researchers and Sponsors will play in the publication or disclosure of results.

Introduction

If the Institution has a policy regarding the publication of findings from Sponsored research and works directly with a Sponsor or its agents, contracts or other funding agreements should require the Sponsor to follow that policy and procedure. This Component does not apply to the Institution that does not directly work with Sponsors or to the Institution that has no policy regarding the dissemination of findings from sponsored research.

Needed Written Documents

Essential requirements:

- Policies and procedures have contracts or other funding agreements require the Sponsor to follow the Institution's policies and procedures regarding the publication of findings from sponsored research.

Results

- Contracts or other funding agreements require the Sponsor to follow the Institution's policies and procedures regarding the publication of findings from sponsored research

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.3

Component I.6.E. When participant safety could be directly affected by study results after the study has ended, the Institution has a written agreement with the Sponsor that the Researcher or Institution will be notified of the results in order to consider informing participants.

Introduction

In some cases, findings emerge after a research study has ended that directly affect the safety of past participants and were not anticipated at the time the study was designed or conducted. In such cases, past participants should be notified of the new findings. An Institution that works directly with a Sponsor or its agents should include in the contract or other agreement how such results will be communicated to the Institution.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures have contracts or other funding agreements describe the steps followed to communicate findings from a closed research study to the Researcher or Institution when those findings directly affect participant safety.
- ❖ Policies and procedures have contracts or other funding agreements specify a time frame after closure of the study during which the Sponsor will communicate such findings (e.g., two years). Alternatively, the time frame may be left open- ended or the requirement can be included or referred to in a survivor clause.
- ❖ For independent HRECs:
    - If the Institution contracts directly with Sponsors or clinical research organizations, contracts or other funding agreements include a requirement that Sponsors communicate findings from a closed research study to the HREC when those findings directly affect participant safety.
    - Specify a time frame after closure of the study during which the Sponsor will communicate such findings (e.g., two years), when appropriate.
- ❖ Policies and procedures include the process used to ensure that contracts with the Researcher obligate the Sponsor to notify the Researcher or institution conducting the research any study results after the study has ended that could directly affect participant safety, such as an attestation or other written statement from the Researcher or clinical research organization, for example a master service agreement or work order.
- ❖ Policies and procedures require Researchers or the organization conducting the research to forward this information to the HREC.

Results

- ❖ Contracts and other funding agreements describe the steps followed to communicate results from a research study to former participants when those results directly affect their safety or medical care.

- For independent HRECs attestations or other written statements or agreements describe the steps followed to communicate results from a research study to former participants when those results directly affect their safety or medical care, and to inform the HREC.

Regulatory and Guidance References

- NCHRE: Section F, Sub-section(f), No5(xvi)

SECTION II: HEALTH RESEARCH ETHICS COMMITTEES.

Explanations

In research, responsibilities must be delegated for providing ethical review and oversight of research. These responsibilities are distributed differently in different institutions; in many institutions, the Health Research Ethics Committee (HREC), along with the support personnel and systems, provide these functions. In more complex organizations, there might be multiple HRECs and a general oversight office.

This Section describes requirements for the ethical oversight of research. A HREC is a body established generally under laws, regulations, codes, and guidance to protect the rights and welfare of human research participants. The HRECs must have mechanisms in place to ensure the independence of its ethics review and oversight functions from other units within the Institution, particularly with respect to decision-making regarding the ethics of research involving human participants. HREC structure, composition, operations, and review standards are set forth in laws, regulations, codes, and guidance.

Standard II-1: The structure and composition of the HREC are appropriate to the amount and nature of the research reviewed and in accordance with requirements of applicable laws, regulations, codes, and guidance.

Component II.1.A. The HREC membership permits appropriate representation at the meeting for the types of research under review, and this is reflected on the HREC roster. The HREC has one or more unaffiliated members; one or more members who represent the general perspective of participants; one or more members who do not have scientific expertise; one or more members who have scientific or scholarly expertise; and, when the HREC regularly reviews research that involves vulnerable participants, one or more members who are knowledgeable about or experienced in working with such participants.

Introduction

Laws, regulations, codes, and guidance usually define the requirements of the HREC membership roster. The information in this roster should be used to provide for effective review of research and management of the HREC. For example, if the HREC directs protocols to primary reviewers with scientific or scholarly expertise, the information in the HREC roster should be sufficient to implement this function. The HREC roster should include at least one member who represents the perspective of research participants, such as a former or current research participant or a research participant advocate. At least one individual whose primary interest is non- scientific and at least one non-affiliated member should attend meetings.

HREC minutes should demonstrate that HREC meetings were convened with members appropriately representing regulatory or legal requirements and the general perspective of participants. When the HREC reviews research that involves categories of participants vulnerable to coercion or undue influence, if there is not at least one person who is knowledgeable about or experienced in working with such participants present at the meeting, the HREC should defer review until such expertise can be obtained through membership or consultation.

Needed Written Documents

Essential requirements:

- ❖ HREC rosters include:
    - Names.
    - Earned degrees.
    - Representative capacities.
    - Scientific/nonscientific status.
    - Affiliation status (whether the HREC member or an immediate family member of the HREC member is affiliated with the Institution).
    - Indications of experience sufficient to describe each HREC member's chief anticipated contributions.

- Employment or other relationship between each HREC member and the Institution.
- Alternate members.
- The primary members or class of primary members for whom each alternate member can substitute.

❖ According to HREC rosters:

- Each HREC has at least five members with varying backgrounds to promote complete and adequate review of research commonly conducted by the Institution.
- No HREC has members who are all males or all females.
- No HREC has members who represent a single profession.
- Each HREC has at least one member whose primary concerns are in scientific areas.
- Each HREC has at least one member whose primary concerns are in nonscientific areas.
- Each HREC has at least one member who is not otherwise affiliated with the Institution and who is not part of the immediate family of a person who is affiliated with the Institution.
- Each HREC has at least one member who represents the perspective of research participants.

Relevant Documents

❖ HREC roster

Results

❖ The HREC roster contains all the required categories and information

Regulatory and Guidance References

❖ ICH-GCP: 3.2.1, 3.2.3, 3.2.4

❖ NCHRE: Section D

❖ WHO-TDR: Chapter II, Standard 2

Component II.1.B. The HREC has qualified leadership (e.g., chair and vice chair) and qualified members and staff. Membership and composition of the HREC are periodically reviewed and adjusted as appropriate.

Introduction

HREC chairs, members, and staffs involved in review should have the knowledge, skills, and abilities necessary to carry out the function of the HREC. Which individuals have this expertise is unimportant, provided the expertise is available and applied. For example, the HREC should have an in-depth understanding of applicable regulations relevant to research conducted by the Institution.

Policies and procedures should define the requirements to be a HREC chair, member, staff, and describe the periodic evaluation of their performance. Policies and procedures should describe the periodic review and adjustment of the membership and composition of the HREC.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe the appointment of:
    - HREC members.
    - HREC chairs and vice-chairs when appropriate.
    - Alternate members.
    - Policies and procedures describe the function of alternate members.
- ❖ Policies and procedures describe the periodic assessment and feedback provided to:
    - HREC members.
    - HREC chairs, and vice-chairs when appropriate.
    - HREC staff.

Results

- ❖ The HREC is sufficiently qualified through the experience, expertise, and diversity of its members to protect the rights and welfare of research participants.
- ❖ HREC chairs, members, and staffs are knowledgeable.
- ❖ The composition of the HREC is periodically evaluated and, when necessary, adjusted so that the membership and composition of the HREC meet legal or regulatory and institutional requirements.
- ❖ HREC chairs, vice-chairs and members are periodically evaluated and provided feedback.

Regulatory and Guidance References

- ❖ ICH-GCP: 3.2.1, 3.3.1
- ❖ NCHRE: Section D
- ❖ WHO-TDR: Chapter II, Standard 2 & Chapter IV, Standard 9, No.1&2

Component II.1.C. The Institution has and follows written policies and procedures to separate competing business interests from ethics review functions.

Introduction

The HREC review process should be free of conflict of interest so that the HREC member's obligation to protect participants or ensure the integrity of the review process is not compromised by competing business interests. Competing business interests can influence the review process when individuals responsible for business development serve on the HREC or are involved in the day-to- day operations of the HREC. For example, the director of grants and contracting, the vice president for research, or deans of research who are responsible for raising funds or garnering support for research should not serve as HREC members or be involved in the daily operations of the HREC.

For-profit independent HRECs should separate the business function of the company from the ethics review function. HREC members should not own equity in the company and senior officers in the company who are responsible for business development should not be involved in the daily operation of the review process, such as reviewing or triaging protocols.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures prohibit individuals who are responsible for business development from:
    - Serving as members on the HREC.
    - Carrying out day-to-day operations of the review process.
- ❖ Policies and procedures prohibit HREC members from owning equity in the Institution, if appropriate

Results

- ❖ The Institution separates the business functions from the ethics review function.
- ❖ Individuals involved in the business function or in research development do not serve as members of the HREC and do not carry out the day-to-day operations of the review process.

Regulatory and Guidance References

- ❖ NCHRE: Section D, Sub-section (g)

Component II.1.D. The HREC has and follows written policies and procedures so that members and consultants do not participate in the review of research protocols or plans in which they have a conflict of interest, except to provide information requested by the REC.

Introduction

The primary goal of the conflict of interest policy should be to prevent conflicting interests from interfering with the review process either by competing with a HREC member's or consultant's obligation to protect participants or by compromising the credibility of the review process. Unlike financial conflict of interest of Researchers and Research Assistants, there is no latitude for the management of a HREC member's conflict of interest. HREC members must not participate in the review of any protocol in which they have a conflict of interest, except to provide information requested by the HREC. From time to time, HRECs use consultants to supplement the review process. Consultants should be queried as to whether they have a conflict of interest. If a consultant has a conflict of interest and is allowed to review the protocol, the HREC should determine by what means the conflict of interest will be disclosed to the convened HREC.

An Institution should define the criteria for determining whether a HREC member or a consultant has a conflict of interest. This definition should be designed to capture all conflicts of interest that might affect review. When HREC members or consultants have a conflict of interest, they may remain in the room to provide information requested by the HREC. However, they should leave the room before deliberation and voting. The definition of a conflict of interest should consider both financial and non-financial interests of HREC members and consultants. For example, a non-financial conflict of interest exists when a HREC member or consultant who reviews research is the spouse of the Researcher. For financial interests, the level of interest considered to be a conflict should be at least as stringent as the level of a Researcher's financial interest that requires evaluation as a possible conflict of interest

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures indicate HREC members and consultants do not participate in any review in which they have a conflict of interest, except to provide information requested by the HREC.
- ❖ Policies and procedures define when a HREC member has a conflict of interest:
    - The definition considers financial issues.
    - The definition considers non-financial issues.
    - The definition is at least as stringent as the level of a Researcher's financial interest that requires evaluation as a possible financial conflict of interest.
- ❖ Policies and procedures describe the process to identify HREC members and consultants with a conflict of interest. These policies cover each type of review, such as:
    - Review by a convened HREC.

- Review by the expedited procedure.
- Review of unanticipated problems involving risks to participants or others.
- Review of non-compliance with regulations or laws or the requirements of the HREC.

❖ Policies and procedures indicate HREC members and consultants with a conflict of interest:

- Are excluded from discussion except to provide information requested by the HREC.
- Are excluded from voting except to provide information requested by the HREC.
- Leave the meeting room for discussion and voting.
- Are not counted towards quorum.
- REC members with a conflict are documented in the minutes as being absent with an indication that a conflict of interest was the reason for the absence.

Relevant Documents

❖ Disclosure form

❖ Reviewer checklist

❖ HREC agenda

❖ Announcement regarding conflict of interest.

Results

❖ Conflicts of interest of HREC members and consultants are identified and disclosed.

❖ HREC members and consultants do not participate in the review of any protocol in which they have a conflict of interest, except to provide information requested by the HREC.

Regulatory and Guidance References

❖ ICH-GCP: 3.2.1, 3.2.5, 3.2.6

❖ NCHRE: Section D, Sub-section (g)

Component II.1.E. The HREC has and follows written policies and procedures requiring research protocols or plans to be reviewed by individuals with appropriate scientific or scholarly expertise and other expertise or knowledge as required to review the research protocol or plan.

Introduction

The HREC should have the competence and knowledge to review research so that it can protect the rights and welfare of research participants. To review research, the HREC should have or acquire the scientific or scholarly expertise and other expertise or knowledge to understand the protocol. Policies and procedures should describe the steps to follow so that each protocol undergoes an in-depth review by individuals with relevant expertise and knowledge. Policies and procedures should describe the steps the HREC uses to assess the scientific or scholarly expertise or other expertise or knowledge required for each protocol submitted for review so that one or more HREC members or consultants with appropriate expertise perform an in-depth review. In the case of an Institution with multiple HRECs, this might involve directing the protocol to the HREC with relevant expertise. In the case of an Institution that uses a primary reviewer system, this might involve directing the protocol to one or more primary reviewers with relevant expertise.

In the case of an Institution with multiple HRECs and primary reviewer systems, this might involve both strategies. If there is not at least one person on the HREC with appropriate scientific or scholarly expertise to conduct an in-depth review of the protocol, the HREC should defer review until such expertise can be obtained through membership or consultation. When additional expertise is needed, policies and procedures should describe the steps followed to obtain consultation and communicate the results of the consultation to the HREC. HREC members may obtain consultations by directly contacting colleagues for information. Such consultations are acceptable provided they are described in policies and procedures and the information is documented.

Needed Written Materials

Essential requirements:

- Policies and procedures describe the process so that at least one person with appropriate scientific or scholarly expertise conducts an in-depth review of the protocol.
- Policies and procedures describe the process to determine whether other types of expertise or knowledge are required in order to conduct an in- depth review of the protocol.
- Policies and procedures have the HREC defer to another meeting, HREC, or obtain consultation if there is not at least one person on the HREC with appropriate scientific or scholarly expertise or other expertise or knowledge to conduct an in-depth review of the protocol.
- Policies and procedures describe who evaluates each protocol to determine whether a consultant is needed.
- Policies and procedures describe the process to obtain consultants.

- Policies and procedures indicate consultants do not vote with HREC members.
- Policies and procedures describe the ways in which information provided by consultants is documented

Results

- At least one HREC member or consultant with appropriate scientific or scholarly expertise reviews each protocol in depth.
- When required by the circumstances of the research, at least one HREC member or consultant with appropriate expertise or knowledge other than scientific or scholarly expertise reviews the protocol in depth.
- When the HREC needs additional expertise, the HREC obtains consultation.
- When a consultant is obtained, the HREC is made aware of the information provided by the consultant.

Regulatory and Guidance References

- ICH-GCP: 3.2.
- NCHRE: Section D, Sub-section(c)
- WHO-TDR: Chapter III, Standard 8, No.2

Standard II-2: The HREC evaluates each research protocol or plan to ensure the protection of participants.

Component II.2.A. The HREC has and follows written policies and procedures for determining when activities are exempt from applicable laws and regulations, when permitted by law or regulation and exercised by the HREC. Such policies and procedures indicate that exemption determinations are not to be made by Researchers or others who might have a conflict of interest regarding the studies.

Introduction

If the laws, regulations, codes, and guidance under which an Institution conducts research involving human participants permit the use of exemptions, the Institution should have policies to differentiate between research involving human participants that is exempt and research involving human participants that is not exempt. A determination of exemption should consider the criteria for exemption of all applicable laws, regulations, codes, and guidance, because activities that are exempt from one set of rules might not be exempt from another set of rules.

The Institution should provide written decisions and maintain records of exemption determinations. The person making a decision about whether an activity is exempt should have the authority to represent the Institution, and have no direct involvement in the activity he or she is examining. The person making a decision should be familiar with laws, regulations, codes, and guidance governing the research, institutional policies, and the nature of the research to make sound judgments.

Policies and procedures should describe the communication of exemption determinations to Researchers. An Institution may elect to restrict or not use the categories of exemption, and to require such research to meet all regulatory criteria for approval. If so, this should be stated in policies and procedures. Generally, the authority to make exemptions determinations rests with the HREC. However, this is not a requirement to meet this Component. Institutions may choose to delegate to an entity other than the HREC or an individual the authority to make exemption determinations

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures identify the entity or individuals who are authorized to make exemption determinations.
- ❖ Policies and procedures define which research studies involving human participants are exempt.
- ❖ Policies and procedures inform Researchers:
    - Whom to ask for an authoritative decision about whether research involving human participants is exempt from regulation.
    - What information to submit.

- ❖ Policies and procedures describe the process to provide determinations about whether research involving human participants is exempt from regulation that includes:
    - Specific titles of persons or offices authorized to make determinations.
    - Criteria used to make determinations
    - The process used to communicate determinations.

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist
- ❖ Template letters to Researchers

Results

- ❖ The HREC recognizes the difference between exemption criteria that are requirements of laws, regulations, codes, and guidance and additional criteria based on local policy.
- ❖ Decisions about whether research involving human participants is exempt are made promptly.
- ❖ Decisions about whether research involving human participants is exempt are made accurately.

Regulatory and Guidance References

- ❖ NCHRE: Section B

Component II.2.B. The HREC has and follows written policies and procedures for addressing protection of participants in research that is exempt from applicable laws and regulations. These functions may be delegated to an entity other than the HREC.

Introduction

Generally, when a research study is determined to be exempt, it is exempt from the laws, regulations, codes, or guidance that governs the research, and there are no required provisions to protect the participants enrolled in the research study. For example, there is no requirement for HREC review or to obtain consent. There is also no prohibition against the use of coercion, undue influence, or deception to recruit participants. Although most exempt research requires no further oversight to be conducted ethically, some exempt research raises ethical concerns or requires measures to protect participants. This Component looks for a process to address the ethical concerns of research that is exempt. The person who makes determinations of exemption may also conduct the ethical evaluation of exempt research.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe the evaluation of exempt research as to whether it fulfills the Institution's ethical standards. Such an evaluation might include:
    - The research holds out no more than minimal risk to participants.
    - Selection of participants is equitable.
    - If there is recording of identifiable information, there are adequate provisions to maintain the confidentiality of the data.
- ❖ If there are interactions with participants, the HREC should determine whether there should be a consent process that will disclose such information as:
    - That the activity involves research.
    - A description of the procedures.
    - That participation is voluntary.
    - Name and contact information for the Researcher.
    - There are adequate provisions to maintain the privacy interests of participants.

Relevant Documents

- ❖ Reviewer checklist

Results

- When appropriate, participants involved in exempt research are provided additional protections.

Regulatory and Guidance References

- NCHRE: Section B

Component II.2.C. The HREC has and follows written policies and procedures for conducting meetings by the convened HREC.

Introduction

The HREC should have policies and procedures describing the conduct of meetings of the convened HREC. These policies and procedures should allow the HREC to carry out its functions effectively and consistently according to applicable laws, regulations, codes, and guidance and the Institution's policies and procedures. The HREC should have policies and procedures for developing the meeting agenda and describing functions of the meeting agenda. This should include how the volume of the agenda is controlled or limited to allow for adequate time for discussion of all items on the agenda. If the agenda is used for purposes such as informing members of research protocols or plans approved using the expedited procedure, or identification of member conflict of interest, these uses should be described in policies and procedures. Meeting agendas should be designed to allow for adequate discussion of each item on the agenda, resolution of controversial issues, and HREC determinations.

The process of HREC review takes time. The definition of timely review depends on institutional culture and the expectations of Researchers and those involved with the HREC. Reviews should be timely within the context of the institutional culture. HREC meetings should be scheduled regularly based on the volume of research to be reviewed. The schedule should promote timely review or re-review of research. The establishment and maintenance of quorum is essential for the HREC to review and approve research during a meeting. This involves not only appropriate numbers of members, but composition (e.g., a non-scientist must be present). Policies and procedures should describe who determines quorum is established and how it is documented at the beginning and during a meeting.

The widespread use of technology in HREC meetings has necessitated the development of policies and procedures to integrate the use of these technologies in the conduct of meetings and in accordance with any legal or regulatory requirements. This includes policies and procedures for teleconferencing or videoconferencing, or the use of technology or other materials to meet responsibilities, such as displaying and confirming the criteria for approval of research. Policies and procedures should describe how votes are taken and recorded. For example, votes may be taken by a show of hands, voice vote, or electronic polling. An affirmative vote may be by majority or by consensus. The role of the HREC chair and vice-chair, if any, should be described in policies and procedures, including whether they vote and have any specific role.

Needed Written Documents

Essential requirements:

- Policies and procedures describe:
    - The timing of document distribution before convened HREC meetings.
    - The timing and scheduling of HREC meetings.
    - Limits placed on the number of items on the agenda, if any.

- Other functions of the agenda, e.g., informing HREC members of research protocols approved using the expedited process.

❖ Policies and procedures indicate that at convened meetings:

- A majority of HREC members has to be present.
- At least one member whose primary concerns are in non-scientific areas has to be present.
- For research to be approved it has to receive the approval of a majority of members present at the meeting.
- If quorum is lost during a meeting, the HREC cannot take votes until the quorum is restored.
- When the convened HREC reviews research involving prisoners, the prisoner representative is present.
- At least one unaffiliated member is present at convened meetings.

❖ This may be accomplished by one of the following:

- Requiring an unaffiliated member as part of quorum.
- Placing an attendance requirement on the unaffiliated member (e.g. attend 10 of 12 meeting per year).
- Documenting the general attendance of the unaffiliated member (e.g. minutes indicate attendance at 10 of 12 meetings).
- At least one member who represents the general perspective of participants is present at convened meetings.

❖ This may be accomplished by one of the following:

- Requiring a member who represents the general perspective of participants as part of quorum.
- Placing an attendance requirement on the member (e.g. attend 10 of 12 meeting per year).
- Documenting the general attendance of the member (e.g. minutes indicate attendance at 10 of 12 meetings).
- If the HREC reviews research that involves categories of participants vulnerable to coercion or undue influence, one or more individuals who are knowledgeable about or experienced in working with such participants are present.

- ❖ Policies and procedures describe who determines quorum is established and how it is documented.
- ❖ Policies and procedures state that if quorum is lost during a meeting, the HREC cannot take votes until the quorum is restored:
    - If required members (e.g. non-scientific) leave the room and quorum is lost votes cannot be taken until the quorum is restored, even if half of the members are still present.
- ❖ Policies and procedures describe the use of any materials or technology used to conduct meeting or meet regulatory requirements. For example, all members have laptop computers to access materials; handouts, posters, or projections contain the criteria for approval; or meetings are conducted over the Internet.
- ❖ Policies and procedures describe how votes are taken and documented, and what constitutes approval.
- ❖ Policies and procedures describe the role of the chair and vice-chair, if there are vice-chairs:
    - Voting responsibilities.
    - Role of the chair and vice-chair prior to, during, and after the meeting.

Relevant Documents

- ❖ Policies and procedures
- ❖ Meeting materials

Results

- ❖ The HREC conducts convened meetings according to policies and procedures.
- ❖ HREC members receive materials in enough time prior to the meeting to review them.
- ❖ The HREC meets regularly to promote timely reviews.
- ❖ Meeting agendas allow for adequate discussion and determinations for all research under review.
- ❖ During a meeting, the HREC votes and takes actions only when there is a quorum.
- ❖ The chair and vice-chair, if any, fulfill their roles according to policies and procedures.

Regulatory and Guidance References

- ❖ ICH-GCP: 3.3.2
- ❖ NCHRE: Section E, Sub-section (a-l)
- ❖ WHO-TDR: Chapter III, Standard 8

Component II.2.D. The HREC has and follows written policies and procedures to conduct reviews by the convened (Initial review, Continuing review and Review of proposed modifications to previously approved research).

Introduction

The HREC should have policies and procedures that describe the review of research at convened meetings, including initial review, continuing review, and review of modifications to previously approved research. The HREC should obtain and review sufficient information to conduct initial review of research, continuing review, and review or modifications to previously reviewed research in accordance with the regulations and the Institution's policies and procedures. When they are scheduled to attend an HREC meeting, all members (including alternate members) should review enough information so that they will be able to determine whether the research meets the regulatory criteria for approval. Policies and procedures should describe the information provided to all HREC members and the information provided to all primary reviewers with the expectation that HREC members will review the materials and the primary reviewer will conduct an in-depth review.

When an Institution has an electronic system that provides members access to materials, policies and procedures should describe what information primary reviewers are expected to review and what information all other members are expected to review. An independent HREC should have a policy and procedure for reviewing the addition of investigative sites to previously approved protocols. The independent HREC may decide to review these additions as separate protocols or as modifications to previously approved research, and they may decide to handle such modifications using the expedited procedure rather than the convened HREC for review. When the expedited procedure is used, the independent HREC should specify the criteria for when the addition of an investigative site is considered to be a minor modification.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe the process the HREC uses to review research for initial review, continuing review, and review of modifications to previously approved research:
    - The primary reviewer system used, if any.
    - The process used to supplement the HREC's review.
    - The range of possible actions that the HREC is allowed to take.
- ❖ If the HREC approves research with conditions:
    - Substantive changes or requirements, requests for more information for HREC consideration, and other issues related to the criteria for approval require review and approval by the convened HREC.

- Minor or prescriptive changes or requirements may be reviewed for approval by the HREC chair.
- The date of approval is the date the conditions were determined to be met.
- A process for the HREC to determine which protocols need review more often than annually.

❖ For initial review of research by a convened HREC, policies and procedures indicate that when they are scheduled to attend a HREC meeting, all members (including attending alternate members) are provided and review:

- The full protocol, application, or a protocol summary containing the relevant information to determine whether the proposed research fulfills the criteria for approval.
- Proposed consent document.
- Recruitment materials.
- At least one member is provided and reviews the investigator's brochure (when one exists).

❖ For continuing review of research by a convened HREC, policies and procedures indicate that, when they are scheduled to attend a HREC meeting, all HREC members (including alternate members) are provided and review:

- The full protocol, application, or a protocol summary containing the relevant information necessary to determine whether the proposed research continues to fulfill the criteria for approval.
- The current consent document.
- Any newly proposed consent document.
- A status report on the progress of the research.

❖ For continuing review of research by a convened HREC, policies and procedures indicate that at least one HREC member is provided and reviews the complete protocol including any protocol modifications previously approved by the HREC. The status report on the progress of the research includes:

- The number of participants accrued.
- A summary since the last HREC review of:
- Adverse events and adverse outcomes experienced by participants.
- Unanticipated problems involving risks to participants or others.

- Participant withdrawals.
- The reasons for withdrawals.
- Complaints about the research.
- Amendments or modifications.
- Any relevant recent literature
- Any interim findings.
- Any relevant multi-center trial reports.
- The Researcher's current risk-potential benefit assessment based on study results.

❖ Policies and procedures have the HREC use the required criteria for approval for all reviews of research, including initial review, continuing review, and review of a modification to previously approved (when the modification affects a criterion for approval).

❖ Policies and procedures have the HREC determine whether continuing review should occur at an interval less than one year.

❖ Policies and procedures describe:

- Whether the expiration date is the last date that the protocol is approved or the first date that the protocol is no longer approved.
- The calculation of the expiration date.

❖ If the HREC approves research with conditions:

- Substantive changes or requirements, requests for more information for HREC consideration, and other issues related to the criteria for approval require review and approval by the convened HREC.
- Minor or prescriptive changes or requirements may be reviewed for approval by the HREC chair or designee.
- The date of approval is the date the conditions were determined to be met.
- If the research expires before the conditions are reviewed and approved, all research activities must stop until approval is obtained.

❖ Policies and procedures describe:

- The institutional offices and officials who are notified of the findings of the HREC and the method of notification.

- The person or office that is responsible for further approval or disapproval of research that is approved by the HREC.
- The process the HREC uses for reporting its findings and actions to Researchers in writing, including:
- The decisions to approve, disapprove, or require modifications to secure approval.
- Any modifications or clarifications required by the HREC as a condition for HREC approval.
- If an HREC decides to disapprove a research activity, a statement of the reasons for its decision and giving the Researcher an opportunity to respond in person or in writing.
- The review of Researchers' responses.

❖ For continuing review of research, policies and procedures have the HREC determine:

- That the protocol needs verification from sources other than the Researchers that no material changes had occurred since previous HREC review.
- That the current consent document is still accurate and complete.
- That any significant new findings that arise from the review process and that might relate to participants' willingness to continue participation will be provided to participants.

❖ If a Researcher does not provide continuing review information to the HREC or the HREC has not approved a protocol by the expiration date, policies and procedures:

- Have all research activities stop.
- Have interventions and interactions on current participants stop, unless the HREC finds an over-riding safety concern or ethical issue involved such that it is in the best interests of individual participants to continue participating.
- Do not allow new enrollment of participants to occur.
- For review of modifications to previously approved research by a convened HREC, policies and procedures indicate that, when they are scheduled to attend a meeting, all members (including alternate members) receive and review all modified documents.

❖ Policies and procedures have:

- The HREC uses the criteria to approve modifications to previously approved research when the modifications affect one or more criteria.

- The HREC determines that any significant new findings that arise from the review process and that might relate to participants' willingness to continue participation are provided to participants.

❖ Changes in approved research that are initiated without HREC approval to eliminate apparent immediate hazards to the participant:

- Are promptly reported to the HREC.
- Are reviewed by the HREC to determine whether each change was consistent with ensuring the participants' continued welfare.
- Researchers report to the HREC proposed changes in a research study.
- Researchers report to the HREC the premature completion of a study.

❖ Policies and procedures describe actions taken to ensure that proposed changes in approved research during the period for which HREC approval had already been given cannot be initiated without HREC approval.

Relevant Documents

❖ Reviewer checklist

❖ Template letters for notifications

Results

❖ All HREC members (including alternate members) review materials in enough depth to discuss the information when they are present at the convened meeting.

❖ At least one HREC member conducts an in-depth review of all submitted materials.

❖ HREC members can obtain information provided to any individual reviewer.

❖ Each approved research protocol or plan meets the required criteria for approval.

❖ The approval period for research is no longer than one year.

❖ The HREC communicates its findings to the Institution and Researchers.

Regulatory and Guidance References

❖ ICH-GCP: 3.2.2, 3.2.3, 3.3.3, 3.3.4

❖ NCHRE: Section E&F

❖ WHO-TDR: Chapter III, Standard 7&8

Component II.2.E. The HREC has and follows written policies and procedures to conduct reviews by an expedited procedure, if such procedure is used (Initial review, Continuing review and Review of proposed modifications to previously approved research).

Introduction

Review of research by the expedited procedure is an alternative to review by a convened HREC for a limited class of research. A HREC is not required to use the option of an expedited procedure. The requirements to review and approve research using an expedited procedure are identical to those used by a convened HREC. When the HREC requires modifications to research to secure approval, verification of those modifications by a HREC chair or experienced HREC reviewer without review by the Convened HREC represents review by the expedited procedure and should follow the laws, regulations, codes, and guidance governing such review. This process is sometimes referred to as "contingent approval." When the HREC grants contingent approval, the HREC should provide the Researcher specific modifications required to secure approval. For example, "Participants must be 18 years or older" or "Drop the placebo controlled arm of this study."

The HREC should not grant approval contingent upon clarifications or modifications directly relevant to the determinations required of the HREC under the regulations. Such requests include: "Explain why participants younger than 18 years of age will be allowed to participate," "Provide additional justification for the use of placebo," or "Clarify whether participants will be offered counseling services at the end of the study." The convened HREC should review responses to requests that require determinations not allowed under the expedited procedure. The HREC should exercise caution before using the expedited procedure to review clarifications, explanations, or additional information, or when a subcommittee seems to be needed to review requested modifications. In addition, the HREC should exercise caution before delegating to a HREC member the authority to negotiate changes without review of those changes by a convened HREC.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe:
    - That only experienced HREC member may conduct reviews using the expedited procedure.
    - Experienced is defined.
    - The conduct of Initial review.
    - Continuing review.
    - Review of modifications using the expedited procedure.
    - Modifications that are "minor" are defined.

- The information that Researchers have to submit for review using the expedited procedure.
- That at least one reviewer receives and reviews the same materials that the convened HREC receives for protocols reviewed by the convened HREC.

❖ The evaluation by the reviewer of research undergoing initial review and continuing review using the expedited procedure:

- The evaluation by the reviewer of in modifications to previously approved research undergoing review represent "minor" modifications.
- The criteria for approval using the expedited procedure are the same as those for review by a convened HREC.
- The prohibition of the reviewer to disapprove research.

❖ The process for informing HREC members about approvals by review using the expedited procedure, including:

- Initial review.
- Continuing review.
- Review of modifications to previously approved research.

❖ Policies and procedures describe the contingent approval of revisions by the chair or designated HREC member without subsequent review by the convened HREC.
❖ When the convened HREC requests substantive clarifications or modifications that are directly relevant to the determinations required by the HREC, policies and procedures have the protocol return to the convened HREC and not be approved by the expedited procedure.
❖ For continuing review of research policies and procedures indicate that at least one HREC member is provided and reviews the complete protocol, including any protocol modifications previously approved by the HREC.
❖ The status report on the progress of the research includes:

- Number of participants accrued

❖ A summary since the last HREC review of:

- Adverse events, untoward events, and adverse outcomes experienced by participants.
- Unanticipated problems involving risks to participants or others.
- Participant withdrawals.
- The reasons for withdrawals.
- Complaints about the research.

- Amendments or modifications.
- Any relevant recent literature.
- Any interim findings.
- Any relevant multi-center trial reports.
- The Researcher's current risk-potential benefit assessment based on study results.

❖ For continuing review of research, policies and procedures have the HREC members determine:

- That the protocol needs verification from sources other than the Researchers that no material changes had occurred since previous HREC review.
- That the current consent document is still accurate and complete.
- That any significant new findings that arise from the review process and that might relate to participants' willingness to continue participation will be provided to participants.

❖ If a Researcher does not provide continuing review information to the HREC or the HREC has not approved a protocol by the expiration date, policies and procedures:

- Have all research activities stop.
- Have interventions and interactions on current participants stop, unless the HREC finds an over-riding safety concern or ethical issue involved such that it is in the best interests of individual participants to continue participating.
- Do not allow new enrollment of participants to occur.

Relevant Documents

❖ Application form

❖ Reviewer checklist

Results

❖ Reviewers using the expedited procedures are experienced HREC members.

❖ Research protocols or plans reviewed by the expedited procedure were eligible for such review and did not require review by a convened HREC.

❖ Research approved by the expedited procedure meets the required criteria for approval.

❖ The approval period for research is no longer than one year

Regulatory and Guidance References

- ICH-GCP: 3.3.5
- NCHRE: Section E, Sub-section (f)

Component II.2.F. The HREC has and follows written policies and procedures for addressing unanticipated problems involving risks to participants or others, and for reporting these actions, when appropriate.

Introduction

An effective policy and procedure to ensure prompt reporting to the HREC, appropriate institutional officials, and regulatory agencies of unanticipated problems involving risks to participants or others deals with informing Researchers of the type of information that needs to be reported to the HREC. Each item of information reported by Researchers might or might not be an unanticipated problem involving risks to participants or others. For example, a HREC might ask Researchers to report all breaches of confidentiality. The HREC determines that some of these are unanticipated problems involving risks to participants or others and others are not.

When the HREC obtains new information, including adverse event reports, publications, complaints, revised package inserts, data monitoring reports, breaches of confidentiality, or other material, it should decide whether the information represents an unanticipated problem involving risks to participants or others. If so, the HREC should decide what actions need to be taken and then report the outcome to regulatory agencies and appropriate institutional officials. If not, no further evaluation is needed (unless the problem involves non- compliance.) An Institution should develop a process for managing adverse event reports as they relate to unanticipated problems involving risks to participants or others. An Institution should limit the information reported to the HREC to adverse events that are unexpected, involve increased risks, and are related to the research.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures define the problems Researchers have to report to the HREC and the time frame for reporting.
- ❖ The list of problems that need reporting includes:
    - Internal adverse events that are unexpected, involve new or increased risks, and are related to the research.
    - External adverse events that are unanticipated problems involving risks to participants or others.
    - Changes made to the research without prior HREC approval in order to eliminate apparent immediate harm.
    - Other unanticipated information that is related to the research and indicates that participant or others might be at increased risk of harm.
- ❖ Policies and procedures define unanticipated problems involving risks to participants or others.
- ❖ Policies and procedures describe:

- The review of problems reported by Researchers.
- The determination of whether each reported problem is an unanticipated problem involving risks to participants or others.

❖ Policies and procedures describe the review process of unanticipated problems involving no more than minimal risks to participants or others.
❖ Policies and procedures describe the convened HREC's review of unanticipated problems involving more than minimal risks to participants or others, including:

- If a primary reviewer system is used, documents distributed to primary reviewers.
- Documents distributed to all HREC Members.
- Policies and procedures describe the range of actions considered by the HREC

❖ Required actions:

- Suspension of the research.
- Termination of the research.
- Notification of current participants when such information may relate to participants' willingness to continue to take part in the research.

❖ Optional actions:

- Modification of the protocol.
- Modification of the information disclosed during the consent process.
- Providing additional information to past participants.
- Requiring current participants to re-consent to participation.
- Modification of the continuing review schedule.
- Monitoring of the research.
- Monitoring of the consent process.
- Referral to other institutional entities.

❖ Policies and procedures describe the reporting of problems determined to represent unanticipated problems involving risks to participants or others, including; the distribution of the report to:

- Specific institutional officials.
- Regulatory agencies, when the research is overseen by those agencies, and they require separate reporting.

- The maximum time allowed between the recognition of a reportable event and fulfilling reporting requirements.

Results

- ❖ The HREC evaluates each reported problem to determine whether it is an unanticipated problem involving risks to participants or others.
- ❖ The HREC reviews problems that are unanticipated problems involving more than minimal risks to participants or others.
- ❖ The HREC or an Institutional official reports unanticipated problems involving risks to participants or others to appropriate institutional officials and applicable regulatory agencies.

Regulatory and Guidance References

- ❖ ICH-GCP: 3.3.8, 4.10.2
- ❖ WHO-TDR: Chapter III, Standard 7

Component II.2.G. The HREC has and follows written policies and procedures for suspending or terminating HREC approval of research, if warranted, and for reporting these actions, when appropriate.

Introduction

The HREC must have the authority to suspend or terminate its approval of research that is not being conducted in accordance with the laws, regulations, codes, and guidance or the HREC's requirements. The HREC should have policies and procedures to suspend or terminate approval of research, taking into account the rights and welfare of current participants. These policies and procedures should also describe the Institution's process for reporting terminations and suspensions of HREC approval.

Sometimes Institutions use the term "administrative hold" or "voluntary hold" to describe a temporary halt of HREC approval. An administrative hold directed by the HREC is a suspension and must be classified and reported as such. This includes a suspension of enrollment alone. An administrative hold cannot be used to extend HREC approval beyond the expiration date of a protocol without HREC approval of continuing review.

Needed Written Documents

Essential requirements:

- Policies and procedures define:
    - Suspension of HREC approval.
    - Termination of HREC approval.
- Policies and procedures indicate that the HREC can suspend or terminate approval of research that:
    - Is not being conducted in accordance with the HREC's requirements, has been associated with unexpected serious harm to participants.
- Policies and procedures describe who is authorized to suspend or terminate research.
- Policies and procedures describe who can suspend or terminate HREC approval on an urgent basis.
- Policies and procedures have suspensions and terminations by someone other than the convened HREC reported to and reviewed by the convened HREC.
- When study approval is suspended or terminated, policies and procedures have the HREC or the person ordering the suspension or termination:
    - Consider actions to protect the rights and welfare of currently enrolled participants.
    - Consider whether procedures for withdrawal of enrolled participants take into account their rights and welfare (e.g., making arrangements for medical care outside of a research study, transfer to another Researcher and continuation in the research under independent monitoring).

- Consider informing current participants of the termination or suspension.
- Have any adverse events or outcomes reported to the HREC.

❖ Policies and procedures describe the prompt reporting of suspensions and terminations of HREC approval:

❖

- The maximum time allowed between the recognition of a reportable event and fulfilling reporting requirements.

❖ The distribution of the report to:

- Specific institutional officials.
- Regulatory agencies when the research is overseen by to those agencies, and they require reporting.

Results

❖ The HREC suspends or terminates approval of research in its policies and procedures.

❖ When the HREC suspends or terminates approval of research, the rights and welfare of enrolled participants are protected.

❖ The HREC or institutional official reports suspensions and terminations of approval of research to appropriate institutional officials and applicable regulatory agencies.

Regulatory and Guidance References

❖ ICH-GCP: 4.12.3

❖ NCHRE: Section E, Sub-section (i-l)

Component II.2.H. The HREC has and follows policies and procedures for managing multi-site research by defining the responsibilities of participating sites that are relevant to the protection of research participants, such as reporting of unanticipated problems or interim results.

Introduction

This Component applies when the HREC reviews research where the Researcher under the oversight of the program is responsible for the overall conduct of the study. That is, the Researcher is the lead Researcher of a multi-site study or provides study-wide services such as for data coordination. In such cases, policies and procedures should describe the steps the HREC follows to communicate among the sites involved in the multi-site study on issues other than HREC review. Such communications might include reporting of unanticipated problems, protocol modifications, and interim results.

Needed Written Documents

Essential requirements:

- ❖ When the Researcher is the lead Researcher of a multi-site study, policies and procedures have applications include information about the management of information that is relevant to the protection of participants, such as:
    - Unanticipated problems involving risks to participants or others
    - Interim results.
    - Protocol modifications.
- ❖ When the Researcher is the lead Researcher of a multi-site study, policies and procedures have the HREC evaluate whether the management of information that is relevant to the protection of participants is adequate.

Results

- ❖ There is communication among the HRECs of sites participating in a multi-site study.

Regulatory and Guidance References

- ❖ NCHRE: Section E, Sub-section (m-p)

Standard II-3: The HREC approves each research protocol or plan according to criteria based on applicable laws, regulations, codes, and guidance.

Component II.3.A. The HREC has and follows written policies and procedures for identifying and analyzing risks and identifying measures to minimize such risks. The analysis of risk includes a determination that the risks to participants are reasonable in relation to the potential benefits to participants and to society.

Introduction

Minimization of risks

A yardstick for approval of research is that risks to participants are minimized by using procedures that are consistent with sound research design and do not unnecessarily expose participants to risk, and whenever appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes. The HREC should evaluate whether research submitted for review satisfies this condition. HREC members should understand how to apply this condition. They should recognize risks whose probability or magnitude can be reduced by using procedures that are consistent with sound research design and that do not unnecessarily expose participants to risk. If the research context involves procedures already being performed for diagnostic or treatment purposes, the HREC should recognize risks whose probability or magnitude can be reduced by using those procedures. If the research context does not involve such procedures, this strategy for minimizing risks is not applicable.

Risk-potential benefit analysis

Another yardstick for approval of research is that risks to participants are reasonable in relation to potential benefits, if any, to participants, and the importance of the knowledge that may reasonably be expected to result. The HREC should evaluate whether research submitted for review satisfies this condition. The HREC should be able to recognize the likelihood and magnitude of harms and benefits, and understand the importance of the knowledge reasonably expected to result. The HREC should be cognizant of the range of harms, including physical, social, economic, psychological, and legal harm. The HREC should also be cognizant of the range of benefits. Direct benefits to participants can take the form of therapy, education, information, resources, or empowerment. In all research, the HREC should evaluate the importance of the knowledge that is likely to result from the research.

Resources

The HREC should evaluate each research study to ensure that it has the resources necessary to protect research participants. Such resources include staffing and personnel, in terms of availability, number, expertise, and experience; psychological, social, or medical services, including counseling or social support services that may be required because of research participation; psychological, social, or medical monitoring, ancillary care, equipment needed to protect participants, and resources for participant communication, such as language translation services. An Institution, such as an independent HREC, that does not provide all necessary resources should evaluate the resources of the local site. This might be accomplished by a case-by-case review of resources at each site. For example, a HREC can evaluate the adequacy of

resources based on a description of facilities and personnel provided by the Researcher. The precise resources required are protocol specific.

Needed Written Documents

Essential requirements:

- ❖ Applications include information allowing the HREC to conduct an analysis of the risks and potential benefits, such as:
    - The purposes of the research.
    - The scientific or scholarly rationale.
    - The procedures to be performed.
    - A description of the procedures being performed already for diagnostic or treatment purposes.
    - The risks and potential benefits of the research to participants.
- ❖ In order to approve research, policies and procedures have the HREC determine that:
    - Risks to participants are minimized by using procedures that are consistent with sound research design and that do not unnecessarily expose participants to risk.
    - Risks to participants are minimized, when appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes.
    - Risks to participants are reasonable in relationship to the potential benefits, if any, to participants, and the importance of the knowledge that may be expected to result.
- ❖ Research studies have the resources necessary to protect participants:
    - Adequate time for the Researchers to conduct and complete the research.
    - Adequate number of qualified staff.
    - Adequate facilities.
    - Access to a population that will allow recruitment of the necessary number of participants.
    - Availability of medical or psychosocial resources that participants may need as a consequence of the research.

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist

Results

- HREC members approve research according to the criteria of approval pertaining to risks and potential benefits.
- When considering risks, the HREC considers physical, psychological, social, economic, and legal risks.
- When considering benefits, the HREC considers direct benefits, if any, to participants and the importance of the knowledge likely to result from the research.
- Research studies have the resources necessary to protect participants

Regulatory and Guidance References

- ICH-GCP: 2.2, 2.3, 3.13, 4.2.3
- NCHRE: Section E, Sub-section(s), No.1
- WHO-TDR: Chapter III, Standard 7

Component II.3.B. The HREC has and follows written policies and procedures for reviewing the plans for data and safety monitoring, when applicable, and determines that the data and safety monitoring plan provides adequate protection for participants.

Introduction

A condition for approval of research is that when appropriate, the research protocol or plan makes adequate provisions for monitoring the data to ensure the safety of participants. The HREC should evaluate whether research submitted for review satisfies this condition. For clinical research involving no more than minimal risk and for most behavioral and social science research (because most involves no more than minimal risk), provisions for data and safety monitoring are not needed to protect participants. HREC members should have criteria for determining when such monitoring is necessary.

HREC members should understand the range of possible options for monitoring and that monitoring might occur at specific points in time, after a specific number of participants have been enrolled, or upon recognition of harm. HREC members should understand that monitoring might be conducted by the Researcher, the Sponsor (e.g., medical monitor, safety monitoring committee), or by an independent monitoring board.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe when the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate.
- ❖ When the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate, policies and procedures have applications include descriptions of such provisions.
- ❖ In order to approve research in which the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate, policies and procedures have the HREC determine that the research plan makes adequate provisions.
- ❖ The HREC might consider provisions such as:
    - What safety information will be collected, including serious adverse events?
    - How the safety information will be collected (e.g., with case report forms, at study visits, by telephone calls with participants).
    - The frequency of data collection, including when safety data collection starts.
    - The frequency or periodicity of review of cumulative safety data.
    - The plan might include establishing a data monitoring committee and a plan for reporting data monitoring committee findings to the HREC and the Sponsor.

- For studies that do not have or are not required to have a data monitoring committee and are blinded, have multiple sites, enter vulnerable populations, or employ high-risk interventions, the HREC needs to carefully review the data and safety monitoring plan and determine whether a data monitoring committee is needed.
- If not using a data monitoring committee, and if applicable, statistical tests for analyzing the safety data to determine whether harm is occurring
- Provisions for the oversight of safety data (e.g., by a data monitoring committee).
- Conditions that trigger an immediate suspension of the research, if applicable

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist

Results

- ❖ HREC members articulate when provisions for data and safety monitoring are required.
- ❖ HREC members determine that research protocols or plans include adequate provisions for monitoring the data to provide for the safety of participants.

Regulatory and Guidance References

- ❖ NCHRE: Section M, Sub-section(e)

Component II.3.C. The HREC has and follows written policies and procedures to evaluate the equitable selection of participants. The HREC has and follows written policies and procedures to review proposed participant recruitment methods, advertising materials, and payment arrangements and determines whether such arrangements are fair, accurate, and appropriate.

Introduction

A condition for approval of research is that selection of participants is equitable. The HREC should evaluate whether research submitted for review satisfies this condition. HREC members should understand how to apply this condition. In evaluating this condition, HREC members should consider both the selection (inclusion and exclusion) criteria and the proposed plans for recruitment of participants. HREC members should evaluate whether selection criteria and recruitment practices meet this condition. Recruitment methods, including advertisements, and participant payment arrangements affect the equitable selection of participants and an appropriate consent process.

A research study might have fair selection criteria, but use recruitment methods or payment arrangements that lead to inequitable selection. For example, recruitment methods, advertisements, or payment arrangements that target economically disadvantaged participants can lead to unfair selection of participants despite reasonable selection criteria. Therefore, the HREC should evaluate whether recruitment processes, advertisements, and payment arrangements affect the equitable selection of participants. Recruitment methods, advertising materials, and payment arrangements also represent a part of the consent process. Recruitment methods and advertisements are the beginning of the consent negotiations; payments for participation are provided to reimburse participants for their time, effort, or other expenses. Recruitment methods, advertisements, or payment arrangements that are misleading, inaccurate, exculpatory, coercive, or unduly influential violate ethical requirements for consent. Therefore, the HREC should review proposed recruitment processes and advertising materials to judge whether they fulfill the requirements for consent.

Payment arrangements can place participants at risk of coercion or undue influence or cause inequitable selection. Two situations should be examined: finder's fees and recruitment bonuses. A finder's fee or referral is a payment from the Researcher or Sponsor to a person who refers a prospective participant. Recruitment bonuses are payments from the Sponsor to a Researcher or Institution based on the rate or timing of recruitment. For example, a Sponsor might contract to pay the Researcher or Institution a fixed fee for each participant but promise an additional payment if more than a certain number of participants are enrolled in the first week or if the site has the highest enrollment at the end of the month. Policies and procedures should describe acceptable and unacceptable payment arrangements among the Sponsor Institution, Researcher, and those referring research participants.

Needed Written Documents

Essential requirements:

- ❖ Applications include information that allows the HREC to determine whether selection of participants will be equitable, such as:
    - The purposes of the research.

- The setting in which the research will be conducted.
- Whether prospective participants will be vulnerable to coercion or undue influence.
- The selection (inclusion/exclusion) criteria.
- Participant recruitment and enrollment procedures.
- The amount and timing of payments to participants.
- In order to approve research, policies and procedures have the HREC determine that selection of participants is equitable.

❖ In making an assessment about whether selection of participants is equitable, policies and procedures have the HREC take into account:

- The purposes of the research.
- The setting in which the research will be conducted.
- Whether prospective participants will be vulnerable to coercion or undue influence.
- The selection (inclusion/exclusion) criteria.
- Participant recruitment and enrollment procedures.
- The influence of payments to participants.

❖ Policies and procedures have the HREC review:

- The information contained in the advertisement.
- The mode of its communication.
- The final copy of printed advertisements.
- The final audio or video taped advertisements.

❖ Policies and procedures have the HREC review advertising to ensure that advertisements do not:

- State or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol.
- Include exculpatory language.
- Emphasize the payment or the amount to be paid, by such means as larger or bold type.
- Promise “free treatment” when the intent is only to say participants will not be charged for taking part in the investigation.

- ❖ Policies and procedures have advertisements limited to the information prospective participants need to determine their eligibility and interest, such as:
    - The name and address of the Researcher or research facility.
    - The purpose of the research or the condition under study.
    - In summary form, the criteria that will be used to determine eligibility for the study.
    - A brief list of benefits to participants, if any.
    - The time or other commitment required of the participants
    - The location of the research and the person or office to contact for further information.
    - Applications include the amount and schedule of all payments.
- ❖ Policies and procedures have the HREC review payments to determine that:
    - The amount of payment and the proposed method and timing of disbursement neither is coercive nor presents undue influence.
    - Credit for payment accrues as the study progresses and not be contingent upon the participant completing the entire study.
    - Any amount paid as a bonus for completion is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn.
    - All information concerning payment, including the amount and schedule of payments, is set forth in the consent document.
- ❖ Policies and procedures describe acceptable and unacceptable payment arrangements for the Sponsor, Institution, Researcher, and those referring research participants.
- ❖ Policies and procedures on payment arrangements address the acceptability of payments in exchange for referrals of prospective participants ("finder's fees" or "referral fees").
- ❖ Policies and procedures on payment arrangements address payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments").

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist

Results

- ❖ HREC members determine that selection of participants is equitable.

- ❖ HREC members determine that advertisements:
    - Provide prospective participants with sufficient opportunity to consider whether to participate.
    - Do not include any exculpatory language through which the participant or the legally authorized representative is made to waive or appear to waive any of the participant's legal rights, or releases or appears to release the Researcher, the Sponsor, or the institution, or its agents from liability for negligence.
- ❖ HREC members determine that payment arrangements:
    - Provide prospective participants with sufficient opportunity to consider whether to participate.
    - Minimize the possibility of coercion or undue influence of participants.
    - Based on the timing or rate of participant enrollment (often known as bonus payments or finder's fees), are prohibited unless they are judged not to interfere with providing prospective participants with sufficient opportunity to consider whether to participate and do not increase the possibility of coercion or undue influence on Researchers or participants.

Regulatory and Guidance References

- ❖ ICH-GCP: 3.1.8
- ❖ NCHRE: Section E, Sub-section(s), No.1
- ❖ WHO-TDR: Chapter III, Standard 7, No.3&4

Component II.3.D. The HREC has and follows written policies and procedures to evaluate the proposed arrangements for protecting the privacy interests of research participants, when appropriate, during their involvement in the research

Introduction

A condition for approval of research is that there are adequate provisions to protect the privacy interests of participants. The HREC should evaluate whether research submitted for review satisfies this condition. HREC members should understand how to apply this condition. Privacy refers to persons and their interest in controlling the access of others to themselves. Confidentiality refers to the agreement between the Researcher and participant on how data will be managed and used. For example, based on their privacy interests, people want to control: the time and place where they give information, the nature of the information they give, the nature of the experiences that are given to them and who receives and can use the information. For example, persons might not want to be seen entering a place that might stigmatize them, such as a pregnancy counseling center that is clearly identified as such by signs on the front of the building.

What is private depends on the individual and can vary according to gender, ethnicity, age, socio-economic class, education, ability level, social or verbal skill, health status, legal status, nationality, intelligence, personality, and the individual's relationship to the Researcher. For example, protecting the privacy interests of a young child might mean having a parent present at a session with a Researcher. Protecting the privacy interests of a teenager might mean having a parent absent. HREC members should understand the concept of privacy and how it differs from confidentiality. HREC members should know strategies to protect privacy interests relating to contact with prospective participants and access to private information

Needed Written Documents

Essential requirements:

- Applications include a description of provisions to protect the privacy interests of participants.
- In order to approve research, policies and procedures have the HREC determine that the research protocol or plan contains adequate provision to protect the privacy interests of participants.

Relevant Documents

- Application form
- Reviewer checklist

Results

- HREC members understand the concept of privacy.
- HREC members determine that the research protocol or plan contains adequate provisions to protect the privacy interests of participants.

Regulatory and Guidance References

- NCHRE: Section F, Sub-section(g)
- WHO-TDR: Chapter III, Standard 7, No.5

Component II.3.E. The HREC has and follows written policies and procedures to evaluate proposed arrangements for maintaining the confidentiality of identifiable data, when appropriate, preliminary to the research, during the research, and after the conclusion of the research.

Introduction

A condition for approval of research is that there are adequate provisions to maintain the confidentiality of identifiable data. The HREC should evaluate whether research submitted for review satisfies this condition. HREC members should understand how to apply this condition.

Confidentiality refers to maintenance of the Researcher's agreement with the participant about how the participant's identifiable private information will be handled, managed, and disseminated. HREC members should understand the concept of confidentiality and how it differs from privacy. HREC members should be knowledgeable about strategies to maintain confidentiality of identifiable data, including controls on storage, handling, and sharing of data.

When appropriate, the HREC should also know how certificates of confidentiality can be used to maintain the confidentiality of identifiable data. When appropriate, the HREC should also be aware of other standard methods to protect confidentiality, such as inter-file linkage, error inoculation, top coding, bracketing, and data brokering. The confidentiality protections include information obtained preliminary to research; for example, information collected from personal records to determine potential sample size, as well as the maintenance of the confidentiality of information after the study has ended, when identifiable information is maintained.

Needed Written Documents

Essential requirements:

- Applications include a description of provisions to maintain the confidentiality of data.
- In order to approve research policies and procedures have the HREC determine that, when appropriate, the research protocol or plan contains adequate provisions to maintain the confidentiality of data.

Relevant Documents

- Application form
- Reviewer checklist

Results

- HREC members understand the concept of confidentiality.
- HREC members determine that, when appropriate, the research protocol or plan contains adequate provisions to maintain the confidentiality of identifiable data in accordance with agreements between Researchers and participants.

Regulatory and Guidance References

- ICH-GCP: 2.11
- NCHRE: Section F, Sub-section(g)
- WHO-TDR: Chapter III, Standard 7, No.5&6

Component II.3.F. The HREC has and follows written policies and procedures to evaluate the consent process and to require that the Researcher appropriately document the consent process.

Introduction

To approve research, the HREC has to determine that the consent process meets these criteria for approval of research: the Researcher obtains the legally effective consent of the participant or the participant's legally authorized representative, the consent process provides sufficient opportunity for the participant or the participant's legally authorized representative to consider whether to participate, the consent process minimizes the possibility of coercion or undue influence, the consent discussion is in language understandable to the participant or the representative and the consent discussion is free of exculpatory language.

The HREC should evaluate whether a research study satisfies these criteria. This cannot be accomplished solely by evaluating a written consent document, since the consent process is a discussion that should be culturally and linguistically appropriate to the study population, and not simply a consent document. Instead, the HREC should know the nature and circumstances of the consent process, such as who will conduct the consent interview, the timing of obtaining consent, and any waiting period between informing the participant and obtaining consent, and based on this information determine whether the criteria for approval of research are met.

Another condition for approval of research is that Researchers inform prospective participants of required disclosures. The HREC should evaluate whether research submitted for review satisfies this condition. This cannot be accomplished solely by evaluation of a written consent document, because the consent document does not reflect all the information communicated to the participant during the consent process. Therefore, the HREC should evaluate the information that will be communicated to the participant during the consent process, and determine which information will be disclosed. When reviewing research, the HREC should evaluate whether the consent process will be documented.

Needed Written Documents

Essential requirements:

- ❖ Applications include a description of the consent process including:
    - The person who will conduct the consent interview.
    - The person who will provide consent or permission.
    - Any waiting period between informing the prospective participant and obtaining consent.
    - Steps taken to minimize the possibility of coercion or undue influence.
    - The language used by those obtaining consent.

- The language understood by the prospective participant or the legally authorized representative. The information to be communicated to the prospective participant or the legally authorized representative.

❖ In order to approve research, policies and procedures have the HREC determine that:

- The Researcher will obtain the legally effective consent of the participant or the participant's legally authorized representative.

- The circumstances of the consent process provide the prospective participant or the legally authorized representative sufficient opportunity to consider whether to participate.

- The circumstances of the consent process minimize the possibility of coercion or undue influence.

- The individuals communicating information to the participant or the legally authorized representative during the consent process will provide that information in language understandable to the participant or the representative.

- The information being communicated to the participant or the representative during the consent process will not include exculpatory language through which the participant or the legally authorized representative is made to waive or appear to waive any of the participant's legal rights.

- The information being communicated to the participant or the legally authorized representative during the consent process will not include exculpatory language through which the participant or the legally authorized representative releases or appears to release the Researcher, the Sponsor, the Institution, or its agents from liability for negligence.

❖ In order to approve research, policies and procedures have the HREC determine that in seeking consent, the required disclosures will be provided to each participant or a legally authorized representative in accordance with legal and regulatory requirements.
❖ Policies and procedures have the HREC consider whether additional disclosures are required for inclusion in the consent process.
❖ Policies and procedures have the HREC determine that the consent process will be documented according to legal and regulatory requirements.
❖ Policies and procedures have the HREC determine that the following disclosures are included:

- The alternative procedures or treatment that might be available to the participant, and their important potential benefits and risks.

- That the monitor, the auditor, the HREC, and the regulatory authority will be granted direct access to the participant's original medical records for verification of clinical trial procedures or data, without violating the confidentiality of the participant, to the extent permitted by the applicable laws and regulations and that,

by signing a written consent document, the participant or the participant's legally acceptable representative is authorizing such access.

- The approval of the HREC.

❖ Policies and procedures on documentation of the consent process include:

- Prior to a participant's participation in the trial, the written consent document should be signed and personally dated by the participant or by the participant's legally acceptable representative.

- Prior to a participant's participation in the trial, the written consent document should be signed and personally dated by the person who conducted the informed consent discussion.

- If a participant is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion.

- After the written consent document and any other written information to be provided to participants, is read and explained to the participant or the participant's legally acceptable representative, and after the participant or the participant's legally acceptable representative has orally consented to the participant's participation in the trial and, if capable of doing so, has signed and personally dated the consent document, the witness should sign and personally date the consent document.

- By signing the consent document, the witness attests that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the participant or the participant's legally acceptable representative, and that consent was freely given by the participant or the participant's legally acceptable representative.

- Prior to participation in the trial, the participant or the participant's legally acceptable representative should receive a copy of the signed and dated written consent document and any other written information provided to the participants.

Relevant Documents

❖ Application form

❖ Reviewer checklist

❖ Consent template

Results

❖ Unless waived, HREC members determine that the consent process will seek the legally effective consent of participants or their legally authorized representatives.

- ❖ HREC members determine that the required and additional elements of disclosure, when appropriate, are included in the consent process.
- ❖ HREC members determine that the consent process will be documented as required.

Regulatory and Guidance References

- ❖ ICH-GCP: 2.9, 3.1.5, 3.1.9, 4.3.4, 4.8.1-4.8.9,4.8.11
- ❖ NCHRE: Section E, Sub-section(s), No.1& Section F, Sub-section(f)
- ❖ WHO-TDR: Chapter III, Standard 7, No.6

Component II.3.G. The HREC has and follows written policies and procedures for approving waivers or alterations of the consent process and waivers of consent documentation.

Introduction

Waiver or alteration of the consent process

In certain situations, the HREC may waive or alter the consent process in accordance with laws, regulations, codes, and guidance. When a HREC waives the requirement to obtain consent, it waives the entire requirement for consent, both the attributes of the consent process and the elements of disclosure. When a HREC alters the consent process, consent is still obtained, but the consent process or elements of disclosure differ from what is generally required. When the HREC approves a waiver or alteration of the consent process, records should document why the HREC judged that each criterion was met for the specific protocol being reviewed. HRECs sometimes use the terms "passive consent," "deferred consent," or "implied consent" to describe consent processes that do not follow one or more requirements for the consent process. Each of these cases represents a waiver or alteration in the consent process. Research that proposes these consent procedures cannot be approved unless the HREC approves a waiver or alteration of the consent process.

Waiver of consent documentation

In certain situations, the HREC may waive the requirement to document the consent process. When the HREC approves a waiver of the requirement to document the consent process, records should document the protocol-specific reasons justifying the waiver. A HREC might require that a written statement describing the research be provided to participants, such as a copy of a consent document that might be used if the participant requests written documentation of the consent process.

Needed Written Documents

Essential requirements:

- Policies and procedures allow the HREC to waive or alter the consent process by determining that the criteria for waivers or alterations are met.
- Policies and procedures allow the HREC to waive parental permission by determining that the criteria for waivers or alterations are met.
- Policies and procedures allow the HREC to waive the requirement for written documentation of the consent process by determining that the criteria for waivers are met.
- Policies and procedures have the HREC document its findings justifying the waive or alteration

Results

- HREC members waive the requirement to document the consent process according to criteria for waivers

Regulatory and Guidance References

- NCHRE: Section E, Sub-section(s), No.1& Section F, Sub-section (f)
- WHO-TDR: Chapter III, Standard 7, No.6

Standard II-4: The HREC provides additional protections for individuals who are vulnerable to coercion or undue influence and participate in research.

Component II.4.A. The HREC has and follows written policies and procedures for determining the risks to prospective participants who are vulnerable to coercion or undue influence and ensuring that additional protections are provided as required by applicable laws, regulations, codes, and guidance.

Introduction

The HREC should evaluate research to judge whether the research involves participants who are vulnerable to coercion or undue influence. When some or all of the participants are likely to be vulnerable, the HREC should ensure that additional safeguards are included in the research design to protect the rights and welfare of these participants. If the HREC reviews research that involves children; pregnant women, fetuses, or neonates; prisoners; or adults who lack the ability to consent, or the HREC regularly reviews research that involves other vulnerable individuals (for example, students, employees, or homeless persons), the HREC should have written policies and procedures regarding additional protections for these categories.

It is impractical to have specific policies for every vulnerable population that might be involved in research. Therefore, when a research study involves vulnerable populations not otherwise covered by specific policies and procedures, policies and procedures should describe in general the steps followed by the HREC to evaluate such research to determine the need for additional protections. In research involving no more than minimal risk and vulnerable populations, the HREC may decide that existing protections are sufficient and no additional protections are warranted. Conversely, sometimes when research involves no more than minimal risk, additional protections for vulnerable populations might be appropriate.

Needed Written Documents

Essential requirements:

- Applications include whether some or all of the participants are likely to be vulnerable to coercion or undue influence.
- When some or all of the participants are likely to be vulnerable, applications include a description of additional safeguards included in the protocol to protect their rights and welfare.
- In order to approve research where some or all of the participants are likely to be vulnerable, policies and procedures have the HREC determine whether additional safeguards have been included in the protocol to protect their rights and welfare.

- ❖ When adults are unable to consent, policies and procedures have the HREC determine:
    - A non-therapeutic clinical trial (i.e. a trial in which there is no anticipated direct clinical benefit to the participant) should be conducted in participants who personally give consent and who sign and date the written consent document
    - Non-therapeutic clinical trials may be conducted in participants with consent of a legally acceptable representative provided the following conditions are fulfilled: the objectives of the clinical trial cannot be met by means of a trial in participants who can give consent personally, the foreseeable risks to the participants are low, the negative impact on the participant's well-being is minimized and low, the clinical trial is not prohibited by law and the opinion of the HREC is expressly sought on the inclusion of such participants, and the written opinion covers this aspect.
    - Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended.
    - Participants in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist

Results

- ❖ HREC members determine whether additional safeguards are required in research that involves vulnerable individuals in order to protect their rights and welfare.
- ❖ The HREC documents required determinations and provides protocol-specific findings justifying the determinations

Regulatory and Guidance References

- ❖ ICH-GCP: 3.3.1, 4.8.13, 4.8.14
- ❖ NCHRE: Section F, Sub-section(c)

Component II.4.B. The HREC has and follows written policies and procedures requiring appropriate protections for prospective participants who cannot give consent or whose decision-making capacity is in question.

Introduction

The HREC should determine whether the research involves participants whose decision- making capacity is in question. When some or all of the participants are likely to have diminished decision-making capacity, the HREC should consider whether additional safeguards are needed as part of the consent process. The HREC should evaluate whether research submitted for review satisfies this condition. If the HREC reviews research that involves children, fetuses, neonates, prisoners, or adults who lack the ability to consent, or the HREC regularly reviews research involving other populations who have diminished decision- making capacity, the HREC should have written policies and procedures regarding the consent process for these individuals. When a research study involves a population that has a diminished decision-making capacity not otherwise covered by specific policies and procedures, policies and procedures should describe in general the steps the HREC uses to evaluate the consent process in this population.

Needed Written Documents

Essential requirements:

- Policies and procedures have the HREC evaluate whether the research involves participants who have diminished decision- making capacity and, if so, provide additional safeguards to ensure an appropriate consent process.
- When a research study involves populations with diminished decision-making capacity not covered by specific policies and procedures, policies and procedures describe, in general, the steps followed by the HREC to evaluate the consent process for these populations.

Relevant Documents

- Application form
- Reviewer checklist
- Consent template

Results

- HREC members approve research involving participants with diminished decision-making capacity that includes additional safeguards for seeking their consent.

Regulatory and Guidance References

- ICH-GCP: 3.1.6, 4.8,12, 4.8.13
- NCHRE: Section F, Sub-section(c

Component II.4.C. The HREC has and follows written policies and procedures for making exceptions to consent requirements for planned emergency research and reviews such exceptions according to applicable laws, regulations, codes, and guidance.

Introduction

Waiver of consent for planned emergency research

A HREC should have policies and procedures to consider a request for a waiver of the requirement for consent for planned emergency research, unless the Institution does not intend to conduct such research. Policies and procedures should account for the differences between various laws, regulations, codes, and guidance that govern such research.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the criteria to waive the requirement to obtain consent for planned emergency research.
- Policies and procedures require that the participant or the participant's legally authorized representative is informed about the clinical trial as soon as possible and provides consent if the participant wishes to continue.

Results

- Waivers to the requirement to obtain consent for planned emergency research are granted in accordance with applicable laws, regulations, codes, and guidance.

Regulatory and Guidance References

- ICH-GCP: 3.1.7, 4.8.15

Standard II-5: The HREC maintains documentation of its activities

Component II.5.A. The HREC maintains a complete set of materials relevant to the review of the research protocol or plan for a period of time sufficient to comply with legal and regulatory requirements, Sponsor requirements, institutional policies and procedures.

Introduction

HREC record keeping should follow legal and regulatory requirements, Sponsor requirements, and institutional policies and procedures. HREC records for a protocol or research plan should also be organized to allow a reconstruction of a complete history of all HREC actions related to the review and approval of the protocol.

The HREC should have a policy and procedure governing document retention that follows legal and regulatory requirements, Sponsor requirements, and institutional policies and procedures. The method for record retention should allow access by authorized personnel and ensure that documents are kept safely and confidentially.

Needed Written Documents

Essential requirements:

- In order to allow a reconstruction of a complete history of HREC actions related to the review and approval of the protocol, policies and procedures have HREC records include copies of:
    - Protocols or research plans.
    - Investigator brochure, if any.
    - Scientific evaluations, when provided by an entity other than the HREC.
    - Recruitment materials.
    - Consent documents.
    - Progress reports submitted by Researchers.
    - Reports of injuries to participants.
    - Records of continuing review activities.
    - Data and safety monitoring reports, if any modifications to previously approved research.
    - Unanticipated problems involving risks to participants or others.
    - Documentation of non-compliance.
    - Significant new findings.

- All correspondence between the HREC and Researchers.

❖ Policies and procedures have HREC records for initial and continuing review of research by the expedited procedure include:

- The justification for using the expedited procedure.
- Actions taken by the reviewer.
- Any findings required by laws, regulations, codes, and guidance to be documented.

❖ Policies and procedures have HREC records document the justification for exempt determinations.

❖ Policies and procedures have HREC records document determinations required by laws, regulations, codes, and guidance.

Results

❖ HREC record keeping follows legal and regulatory requirements, Sponsor requirements, and Institutional policies and procedures.

❖ Records of a research protocol or plan are organized to allow a reconstruction of a complete history of HREC actions related to the review and approval of the research protocol or plan.

❖ Records are retained for the required period of time.

❖ Records are stored in a way that maintains confidentiality.

Regulatory and Guidance References

❖ NCHRE: Section K

❖ WHO-TDR: Chapter III, Standard 8 & Chapter IV, Standard 9

Component II.5.B. The HREC documents discussions and decisions on research studies and activities in accordance with legal and regulatory requirements, Sponsor requirements (if any), and Institutional policies and procedures.

Introduction

The HREC must document discussions, decisions, and findings. This can be accomplished either through the minutes or, when the expedited procedure for review is used, through documentation in the protocol file or other records. Minutes of HREC meetings should be clear about the actions the HREC takes and exactly what the HREC approved. Minutes should specify the modifications required to secure approval and the reason the HREC is requesting the modifications. Minutes should indicate proposals or motions voted upon by the HREC, and the results of each vote. When conducting initial or continuing review, minutes should document the HREC's determination of the approval period.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures have HREC minute's document:
    - Actions taken by the HREC.
    - Separate deliberations for each action.
    - Votes for each protocol as numbers for, against, or abstaining.
    - Attendance at the meeting.
    - When an alternate member replaces a primary member.
    - The basis for requiring changes in research.
    - The basis for disapproving research.
    - A written summary of the discussion of controversial issues and their resolution.
    - For initial and continuing review, the approval period.
    - The names of HREC members who leave the meeting because of a conflict of interest along with the fact that a conflict of interest is the reason for the absence.
- ❖ Required determinations and protocol-specific findings justifying those determinations for:
    - Waiver or alteration of the consent process.
    - Research involving pregnant women, fetuses, and neonates.
    - Research involving prisoners.

- Research involving children.
- Research involving participants with diminished capacity to consent.

Relevant Documents

- ❖ Minutes
- ❖ Other records, including documentations

Results

- ❖ HREC records reflect the actions of HREC members.

Regulatory and Guidance References

- ❖ NCHRE: Section K
- ❖ WHO-TDR: Chapter IV, Standard 9, No.7

SECTION III: RESEARCHERS AND RESEARCH ASSISTANTS

Explanations

The environment in which Researchers and Research Assistants conduct research and the type of research they conduct influence their roles and responsibilities. Competent, informed, conscientious, compassionate, and responsible Researchers and Research Assistants provide the best possible protection for human research participants.

This Section of Standards sets forth requirements for Researchers and Research Assistants involved in research using human participants. As part of its policies and program, an Institution can improve its protection of research participants if it has arrangements ascertaining and enhancing the competence of Researchers and Research Assistants.

Standard III-1: Researchers and Research assistants follow applicable laws and regulations, they adhere to ethical principles and standards appropriate for their discipline. In designing and conducting research studies, Researchers and Research Assistants have the protection of rights and welfare of research participants as a primary concern.

***Component III.1.A. Researchers and Research Assistants know which of the activities they conduct involves research with human participants, and they seek guidance when* appropriate.**

Introduction

Researchers and Research Assistants should understand which activities are overseen by the Institution's policies and program or seek guidance. They should have an understanding of the definitions of what constitutes research involving human participants according to legal and regulatory definitions and the Institution's policies and procedures. When necessary, they should be aware of the process to obtain an opinion from the Institution and whom to contact.

Needed Written Documents

Essential requirements:

- Policies and procedures provide a definition of "research involving human participants" so that all involved in research understand which activities are covered by these policies.
- General definitions:
    - Research is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge, or an equivalent definition.
    - Human participant means a living individual about whom a Researcher conducting research obtains data through intervention or interaction with the individual, or identifiable private information, or an equivalent definition.
- Policies and procedures describe the process to provide determinations about whether an activity is research involving human participants, which includes:
    - The entity or office that can provide a determination.
    - Criteria used to make determinations.
    - Process to inform individuals whether an activity is research involving human participants.
- Policies and procedures include:
    - A description of the scope of human participants' research that requires review by the Institution's HREC (e.g., all research by employees or all research in facilities).

- A description of the criteria by which persons are considered engaged (agents) in the research and come under the requirements of the HREC.

❖ Policies and procedures provide guidance to Researchers and HRECs concerning activities that sometimes are or are not overseen by the program at the Institution, such as classroom research, quality improvement, case reports, program evaluation, and surveillance activities.

- When the Institution includes other activities outside the scope of activities covered by regulations or laws, the definition includes those activities (e.g., research on non-living individuals).

- When activities are covered under other laws, the definition encompasses activities that are "research involving human participants" as defined by those laws.

Relevant Documents

❖ Application form

❖ Reviewer's checklist

❖ Template letters to Researchers

❖ Investigator Handbook or Web pages for Researchers

Results

❖ Researchers and Research Staff understand which activities are overseen by the Institution's policies and program and when to seek guidance.

Regulatory and Guidance References

❖ NCHRE: Section A

❖ WHO-TDR: Chapter V, Standard 10, No.1&2

Component III.1.B. Researchers and Research Assistants identify and disclose financial interests according to institutional policies and regulatory requirements and, with the Institution, manage, minimize, or eliminate financial conflicts of interest

Introduction

Researchers and Research Assistants should understand the Institution's financial conflict of interest policy in order to follow it. For example, Researchers and Research Assistants should know which interests the Institution requires to be disclosed. Researchers and Research Assistants should know how, when, and to whom to disclose financial interests. Researchers and Research Assistants should understand how financial conflicts of interest can influence the protection of research participants.

Researchers and Research Assistants should also work collaboratively with the Institution in the management of financial conflicts of interest. Independent Researchers and Research Assistants who work with independent HRECs should understand legal and regulatory requirements for disclosing, managing, minimizing, or eliminating financial conflicts of interest. Such Researchers and Research Assistants should know how, when, and to whom to disclose financial interests and work collaboratively with independent HRECs in the management of financial conflicts of interest.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures define the financial interests of Researchers and Research Assistants for which the Institution requires disclosure.
- ❖ Policies and procedures require disclosure of:
    - Financial interests of Researchers and Research Assistants.
- ❖ Policies and procedure define the individuals who must disclose financial interests:
    - Financial interests of immediate family members.
- ❖ Policies and procedures define immediate family members:
    - Immediate family members at a minimum include the spouse and each dependent child.
- ❖ Financial interests that require disclosure:
    - The financial disclosure threshold does not vary by funding or regulatory oversight.
- ❖ Policies and procedures describe the process and requirements to educate Researchers and Research Assistants about disclosures and responsibilities related to financial conflict of interest:
    - Education is required of each individual initially at least every four years.
- ❖ Education is required immediately when:
    - Financial conflict of interest policies are revised in a manner that changes researcher requirements.
    - A researcher is new to the Institution.
    - A researcher is non-compliant with financial conflict of interest policies and procedures.

- ❖ Policies and procedures describe the process the Institution uses to obtain financial disclosures from Researchers and Research Assistants:
    - Minimum of annual disclosure.
    - Update new significant financial interests within 30 days of acquisition or discovery.
- ❖ Policies and procedures describe the process the Institution uses to evaluate and manage financial interests:
    - The institutional official(s) or committee designated to evaluate and manage.
    - The definition of significant financial interest
    - The inclusion of relatedness to research in the definition of significant financial interest.
    - Designation of the individual or entity that determines relatedness.
    - Examples of strategies to manage financial conflicts of interests.
- ❖ Policies and procedures establish monitoring and enforcement mechanisms for management plans and provide employee sanctions other administrative actions to ensure researcher compliance:
    - Examples of sanctions or other administrative actions
    - Management may include a retrospective review and a mitigation report if necessary.
    - If a committee or individual other than the HREC evaluates and manages financial interests of Researchers and Research Assistants, policies and procedures describe:
    - The process to inform the RHEC of the results of this evaluation, including any management plan.
    - The process that allow the HREC to have the final authority to decide whether the interest and its management, if any, allows the research to be approved.
- ❖ Policies and procedures ensure that reporting requirements for funding or regulatory agencies are met.
- ❖ Policies and procedures have the Institution maintain records related to disclosures and management of financial conflicts of interest for at least three years from completion of the research.

Relevant Documents

- ❖ Financial disclosure form
- ❖ Institutional policy and procedure on Researcher conflict of interest
- ❖ Reviewer checklist

Results

- ❖ Researchers and Research Assistants understand the concept of conflict of interest.
- ❖ Researchers and Research Assistants disclose required financial interests.
- ❖ Researchers and Research Assistants work collaboratively with the Institution or independent HREC to manage financial conflicts of interest

Regulatory and Guidance References

- ❖ NCHRE: Section F, Sub-section (f), No.5 (xviii)

Component III.1.C. Researchers employ sound study design in accordance with the standards of the discipline. Researchers design studies in a manner that minimizes risks to participants.

Introduction

Researchers should design research studies so that the research will most likely develop or contribute to generalizable knowledge. Studies should be designed according to standards and ethical practices of the discipline. When Researchers do not design a research study, they should judge the research design to be sound enough to meet the study's objectives before agreeing to enroll participants. As part of their obligation to protect participants, Researchers should understand the concept of minimizing risks. When Researchers design research, they should consider designs that minimize risks.

In protocols, Researchers should describe the rationale for the chosen procedures and provide a risk- potential benefit analysis of the research. When appropriate, Researchers who design research should incorporate plans to monitor the data for the safety of participants. For example, research studies involving more than minimal risk are expected to have a plan for monitoring the data for the safety of participants. Researchers should understand that monitoring might occur at specific points in time, after a specific number of participants have been recruited, or upon recognition of harms. Monitoring might be conducted by a third party (e.g., the Sponsor, medical monitor, data monitoring committee, or another Researcher).

Needed Written Documents

Essential requirements:

- Applications include information allowing the HREC to conduct an analysis of the risks and potential benefits, such as:
    - The purposes of the research.
    - The scientific or scholarly rationale.
    - The procedures to be performed.
    - A description of the procedures being performed already for diagnostic or treatment purposes.
    - The risks and potential benefits of the research to participants.
- In order to approve research, policies and procedures have the HREC determine that:
    - Risks to participants are minimized by using procedures that are consistent with sound research design and that do not unnecessarily expose participants to risk.
    - Risks to participants are minimized, when appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes.

- Risks to participants are reasonable in relationship to the potential benefits, if any, to participants, and the importance of the knowledge that may be expected to result.

❖ Research studies have the resources necessary to protect participants:

- Adequate time for the Researchers to conduct and complete the research.
- Adequate number of qualified staff.
- Adequate facilities
- Access to a population that will allow recruitment of the necessary number of participants.
- Availability of medical or psychosocial resources that participants may need as a consequence of the research.

❖ Policies and procedures describe when the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate.

❖ When the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate, policies and procedures have applications include descriptions of such provisions.

❖ In order to approve research in which the HREC considers provisions for monitoring data to ensure the safety of participants to be appropriate, policies, and procedures have the HREC determine that the research plan makes adequate provisions. The HREC might consider provisions such as:

- What safety information will be collected, including serious adverse events?
- How the safety information will be collected (e.g., with case report forms, at study visits, by telephone calls with participants).
- The frequency of data collection, including when safety data collection starts.
- The frequency or periodicity of review of cumulative safety data.
- The plan might include establishing a data monitoring committee and a plan for reporting data monitoring committee findings to the HREC and the Sponsor.
- For studies that do not have or are not required to have a data monitoring committee and are blinded, have multiple sites, enter vulnerable populations, or employ high-risk interventions, the HREC needs to carefully review the data and safety monitoring plan and determine whether a data monitoring committee is needed.
- If not using a data monitoring committee, and if applicable, statistical tests for analyzing the safety data to determine whether harm is occurring; provisions for the oversight of safety data (e.g., by a data monitoring committee).

- Conditions that trigger an immediate suspension of the research, if applicable.

- Applications include whether some or all of the participants are likely to be vulnerable to coercion or undue influence.

- When some or all of the participants are likely to be vulnerable, applications include a description of additional safeguards included in the protocol to protect their rights and welfare.

❖ In order to approve research where some or all of the participants are likely to be vulnerable, policies and procedures have the HREC determine whether additional safeguards have been included in the protocol to protect their rights and welfare.

❖ Policies and procedures describe that Researcher and Research Assistants are knowledgeable about the following responsibilities:

- During and following a participant's participation in a clinical trial, the Researcher ensures that adequate medical care is provided to a participant for any adverse events, including clinically significant laboratory values, related to the clinical trial. Researchers inform participants when medical care is needed for other illnesses of which the Researchers become aware (not applicable to independent HRECs).

- The Researcher follows the clinical trials randomization procedures, if any, and ensures that the code is broken only in accordance with the protocol. If the clinical trial is blinded, the Researcher promptly documents and explains to the Sponsor any premature unblinding.

❖ When adults are unable to consent, policies and procedures have the HREC determine:

- A non-therapeutic clinical trial (i.e. a trial in which there is no anticipated direct clinical benefit to the participant) should be conducted in participants who personally give consent and who sign and date the written consent document.

- Non-therapeutic clinical trials may be conducted in participants with consent of a legally acceptable representative provided the following conditions are fulfilled: the objectives of the clinical trial cannot be met by means of a trial in participants who can give consent personally, the foreseeable risks to the participants are low, the negative impact on the participant's well-being is minimized and low, the clinical trial is not prohibited by law and the opinion of the HREC is expressly sought on the inclusion of such participants, and the written opinion covers this aspect.

- Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended.

- Participants in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.

Relevant Documents

- Application form
- Reviewer checklist

Results

- Researchers use sound scientific designs in the conduct of research.
- Researchers design studies using methodologies and ethical standards consistent with the standards of the discipline.
- Researchers understand the concept of minimizing risk.
- Researchers consider whether other procedures involving less risk are appropriate when designing a research study.
- Researchers design studies that use procedures already being conducted on the participants for non-research reasons.
- Researchers modify research designs to mitigate potential injuries in on-going research.
- Researchers design studies to monitor data to ensure the safety and well-being of participants.

Regulatory and Guidance References

- ICH-GCP: 4.3.2, 4.7, 4.11.1 – 4.11.3
- NCHRE: Section E, Sub-section(s), No.6(i-viii)

Component III.1.D. Researchers determine that the resources necessary to protect participants are present before conducting each research study.

Introduction

Researchers should have the resources required to conduct research in a way that will protect the rights and welfare of participants and ensure the integrity of the research. These resources might include personnel, time, and access to a study population. Researchers should not commence a research study without adequate resources to protect participants and should stop a research study if resources become unavailable.

Needed Written Documents

Essential requirements:

- ❖ Applications include information allowing the HREC to conduct an analysis of the risks and potential benefits, such as:
    - The purposes of the research.
    - The scientific or scholarly rationale.
    - The procedures to be performed.
    - A description of the procedures being performed already for diagnostic or treatment purposes.
    - The risks and potential benefits of the research to participants.
- ❖ In order to approve research, policies and procedures have the HREC determine that:
    - Risks to participants are minimized by using procedures that are consistent with sound research design and that do not unnecessarily expose participants to risk.
    - Risks to participants are minimized, when appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes.
    - Risks to participants are reasonable in relationship to the potential benefits, if any, to participants, and the importance of the knowledge that may be expected to result.
- ❖ Research studies have the resources necessary to protect participants:
    - Adequate time for the Researchers to conduct and complete the research.
    - Adequate number of qualified staff
    - Adequate facilities
    - Access to a population that will allow recruitment of the necessary number of participants

- Availability of medical or psychosocial resources that participants may need as a consequence of the research.

❖ Researchers are responsible to:

- Ensure that there are adequate resources to carry out the research safely. This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.

- Ensure that Research Staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials and, when relevant, privileges) to perform procedures assigned to them during the study.

Relevant Documents

❖ Application form

❖ Reviewer checklist

Results

❖ When conducting a research study, Researchers have the resources necessary to protect human participants, including:

❖ Adequate time for the Researchers to conduct and complete the research.

❖ Adequate number of qualified staff.

❖ Adequate facilities.

❖ Access to a population that will allow recruitment of the necessary number of participants.

❖ Availability of medical or psychosocial resources that participants may need as a consequence of the research.

❖ A process to ensure that all persons assisting with the research are adequately informed about the protocol and their research-related duties and functions.

Regulatory and Guidance References

❖ ICH-GCP: 4.2.1, 4.2.2, 4.2.3, 4.2.4

❖ NCHRE: Section E, Sub-section(s), NO.6(i-viii)

Component III.1.E. Researchers and Research Assistants recruit participants in a fair and equitable manner.

Introduction

Researchers should use fair and equitable recruitment practices in research and avoid practices that place participants at risk for coercion or undue influence.

Needed Written Documents

Essential requirements:

- ❖ Applications include information that allows the HREC to determine whether selection of participants will be equitable, such as:
    - The purposes of the research.
    - The setting in which the research will be conducted.
    - Whether prospective participants will be vulnerable to coercion or undue influence.
    - The selection (inclusion/exclusion) criteria.
    - Participant recruitment and enrollment procedures.
    - The amount and timing of payments to participants.
    - In order to approve research, policies and procedures have the HREC determine that selection of participants is equitable.
- ❖ In making an assessment about whether selection of participants is equitable, policies and procedures have the HREC take into account:
    - The purposes of the research.
    - The setting in which the research will be conducted.
    - Whether prospective participants will be vulnerable to coercion or undue influence.
    - The selection (inclusion/exclusion) criteria.
    - Participant recruitment and enrollment procedures.
    - The influence of payments to participants.
- ❖ Policies and procedures have the HREC review:
    - The information contained in the advertisement.
    - The mode of its communication.
    - The final copy of printed advertisements.
    - The final audio or video taped advertisements

- ❖ Policies and procedures have the HREC review advertising to ensure that advertisements do not:
    - State or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol.
    - Include exculpatory language.
    - Emphasize the payment or the amount to be paid, by such means as larger or bold type.
    - Promise "free treatment" when the intent is only to say participants will not be charged for taking part in the investigation.
- ❖ Policies and procedures have advertisements limited to the information prospective participants need to determine their eligibility and interest, such as:
    - The name and address of the Researcher or research facility.
    - The purpose of the research or the condition under study.
    - In summary form, the criteria that will be used to determine eligibility for the study.
    - A brief list of benefits to participants, if any.
    - The time or other commitment required of the participants.
    - The location of the research and the person or office to contact for further information.
    - Applications include the amount and schedule of all payments.
- ❖ Policies and procedures have the HREC review payments to determine that:
    - The amount of payment and the proposed method and timing of disbursement neither is coercive nor presents undue influence.
    - Credit for payment accrues as the study progresses and not be contingent upon the participant completing the entire study.
    - Any amount paid as a bonus for completion is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn.
    - All information concerning payment, including the amount and schedule of payments, is set forth in the consent document.
- ❖ Policies and procedures describe acceptable and unacceptable payment arrangements for the Sponsor, Institution, Researcher, and those referring research participants.

- ❖ Policies and procedures on payment arrangements address the acceptability of payments in exchange for referrals of prospective participants ("finder's fees" or "referral fees").
- ❖ Policies and procedures on payment arrangements address payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments").
- ❖ Policies and procedures describe that Researchers are knowledgeable about the following responsibilities:
    - The Researcher informs the participant's primary physician about the participant's participation in the clinical trial if the participant has a primary physician and if the participant agrees to the primary physician being informed (not applicable to independent HRECs).
    - Although a participant is not obliged to give his or her reasons for withdrawing prematurely from a clinical trial, the Researcher makes a reasonable effort to ascertain the reason, while fully respecting the participant's rights.

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist

Results

- ❖ Researchers and Research Assistants develop and implement appropriate recruitment techniques.
- ❖ Researchers and Research Assistants understand the importance of equitable selection of participants.
- ❖ Researchers and Research Assistants use recruitment processes that are fair and equitable.

Regulatory and Guidance References

- ❖ ICH-GCP: 4.3.3, 4.3.4, 4.8.
- ❖ NCHRE: Section F, Sub-section(c)

Component III.1.F. Researchers employ consent processes and methods of documentation appropriate to the type of research and the study population, emphasizing the importance of comprehension and voluntary participation to foster informed decision-making by participants.

Introduction

Researchers and Research Assistants should understand the concept of respect for persons and the obligation to obtain the consent of participants or their legally authorized representatives. Researchers and Research Assistants should understand that consent is a continual process, and conduct the consent process in a way that meets the criteria for legally effective consent. Researchers and Research Assistants should understand the difference between the consent process, itself, and documentation of the consent process. Researchers and Research Assistants should know how to document the consent of a participant or a legally authorized representative.

Needed Written Documents

Essential requirements:

- ❖ Applications include a description of the consent process including:
    - The person who will conduct the consent interview.
    - The person who will provide consent or permission.
    - Any waiting period between informing the prospective participant and obtaining consent.
    - Steps taken to minimize the possibility of coercion or undue influence.
    - The language used by those obtaining consent.
    - The language understood by the prospective participant or the legally authorized representative.
    - The information to be communicated to the prospective participant or the legally authorized representative.
- ❖ In order to approve research, policies and procedures have the HREC determine that:
    - The Researcher will obtain the legally effective consent of the participant or the participant's legally authorized representative.
    - The circumstances of the consent process provide the prospective participant or the legally authorized representative sufficient opportunity to consider whether to participate.
    - The circumstances of the consent process minimize the possibility of coercion or undue influence.
    - The individuals communicating information to the participant or the legally authorized representative during the consent process will provide that information in language understandable to the participant or the representative.
    - The information being communicated to the participant or the representative during the consent process will not include exculpatory language through which the

participant or the legally authorized representative is made to waive or appear to waive any of the participant's legal rights.

- The information being communicated to the participant or the legally authorized representative during the consent process will not include exculpatory language through which the participant or the legally authorized representative releases or appears to release the Researcher, the Sponsor, the Institution, or its agents from liability for negligence.

❖ In order to approve research, policies and procedures have the HREC determine that in seeking consent, the required disclosures will be provided to each participant or a legally authorized representative in accordance with legal and regulatory requirements.

❖ Policies and procedures have the HREC consider whether additional disclosures are required for inclusion in the consent process.

❖ Policies and procedures have the HREC determine that the consent process will be documented according to legal and regulatory requirements.

❖ Policies and procedures allow the HREC to waive or alter the consent process by determining that the criteria for waivers or alterations are met.

❖ Policies and procedures allow the HREC to waive parental permission by determining that the criteria for waivers or alterations are met.

❖ Policies and procedures allow the HREC to waive the requirement for written documentation of the consent process by determining that the criteria for waivers are met.

❖ Policies and procedures have the HREC document its findings justifying the waiver or alteration.

❖ Policies and procedures have the HREC evaluate whether the research involves participants who have diminished decision- making capacity and, if so, provide additional safeguards to ensure an appropriate consent process.

❖ When a research study involves populations with diminished decision-making capacity not covered by specific policies and procedures, policies and procedures describe, in general, the steps followed by the HREC to evaluate the consent process for these populations.

❖ Policies and procedures describe that Researchers and Research Assistants provide all the disclosures and follow the requirements pertaining to consent covered by ICH-GCP.

❖ Policies and procedures have the HREC determine that the following disclosures are included:

- The alternative procedures or treatment that might be available to the participant, and their important potential benefits and risks.

- That the monitor, the auditor, the HREC, and the regulatory authority will be granted direct access to the participant's original medical records for verification of clinical trial procedures or data, without violating the confidentiality of the participant, to the extent permitted by the applicable laws and regulations and that,

by signing a written consent document, the participant or the participant's legally acceptable representative is authorizing such access and the approval of the REC.

- ❖ Policies and procedures on documentation of the consent process include:
    - Prior to a participant's participation in the trial, the written consent document should be signed and personally dated by the participant or by the participant's legally acceptable representative.
    - Prior to a participant's participation in the trial, the written consent document should be signed and personally dated by the person who conducted the informed consent discussion.
    - If a participant is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion.
    - After the written consent document and any other written information to be provided to participants, is read and explained to the participant or the participant's legally acceptable representative, and after the participant or the participant's legally acceptable representative has orally consented to the participant's participation in the trial and, if capable of doing so, has signed and personally dated the consent document, the witness should sign and personally date the consent document.
    - By signing the consent document, the witness was accurately explained to, and apparently understood by, the participant or the participant's legally acceptable representative, and that consent was freely given by the participant or the participant's legally acceptable representatives attests that the information in the consent document and any other written information.
    - Prior to participation in the trial, the participant or the participant's legally acceptable representative should receive a copy of the signed and dated written consent document and any other written information provided to the participants.

Relevant Documents

- ❖ Application form
- ❖ Reviewer checklist
- ❖ Consent template

Results

- ❖ Researchers and Research Assistants understand the difference between the consent process and the documentation of the consent process.
- ❖ Researchers and Research Assistants understand consent to be an ongoing process throughout the participant's involvement in the research.

- ❖ Researchers and Research Assistants:
    - Obtain the legally effective consent of the participant or the participant's legally authorized representative.
    - Provide the prospective participant or the legally authorized representative sufficient opportunity to consider whether to participate.
    - Minimize the possibility of coercion or undue influence.
    - Communicate with the participant or the legally authorized representative in language understandable to the participant or the legally authorized representative.
    - Do not use exculpatory language when communicating with a prospective participant or the legally authorized representative.
    - Document the consent process as required

Regulatory and Guidance References

- ❖ ICH-GCP: 4.6.6, 4.8.1-4.8.15
- ❖ NCHRE: Section E, Sub-section(s), No.1 &Section F, Sub-section(f & g)
- ❖ WHO-TDR: Chapter III, Standard 7, No.6

Component III.1.G. Researchers and Research Assistants have a process to address participants' concerns, complaints, or requests for information.

Introduction

Researchers and Research Assistants should be open to participants' complaints or requests for information. Researchers and Research Assistants should respond appropriately to such complaints or questions. Researchers should explain to research participants how to contact the Research Assistants to ask questions about the research or express concerns or complaints about the research. A common, although not exclusive, mechanism for providing contact information is language in the consent document.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures describe the way in which the Institution provides research participants with information on how to contact the Researchers or Research Assistants in regards to:
    - Concerns, complaints, or questions about the research study.
    - Request for information

Relevant Documents

- ❖ Consent template

Results

- ❖ Researchers and Research Assistants provide information and processes for participants to submit concerns, complaints or requests for information.
- ❖ Researcher and Research Assistants respond to complaints and requests for information from participants.
- ❖ Researchers and Research Assistants involve the HREC and other components of the Institution in response to complaints or request for information.

Regulatory and Guidance References

- ❖ NCHRE; Section E, Sub-section(s), No.6(i-viii)
- ❖ WHO-TDR: Chapter IV, Standard 9, No.7 & Chapter V, Standard 10, No.3-5

Standard III-2: Researchers meet requirements for conducting research with participants and comply will all applicable laws, regulations, codes, and guidance; the Institution's policies and procedures for protecting research participants; and the REC's determinations.

Component III.2.A. Researchers and Research Assistants are qualified by training and experience for their research roles, including knowledge of applicable laws, regulations, codes, and guidance; relevant professional standards; and the Institution's policies and procedures regarding the protection of research participants.

Introduction

Researchers and Research Assistants should be qualified by training and experience for their roles and responsibilities in conducting research so that they follow the protocol and abide by the Institution's policies and procedures. Researchers and Research Assistants should have the knowledge to follow laws, regulations, codes, and guidance such as those concerning HREC review, consent requirements, reporting requirements, maintenance of records, retention of records, and supervision of research conduct. When appropriate, Researchers and Research Assistants should understand and apply relevant professional standards that are applicable to their research.

Needed Written Documents

Essential requirements:

- Policies and procedures describe the ethical principles that the Institution follows to govern the conduct of research involving human participants.
- Policies and procedures describe the ethical obligations and expectations of:
    - Researchers and Research Assistants, including students involved in the conduct of research.
    - HREC members and chairs, HREC staff, the institutional official, Employees, and Students.
- Policies and procedures describe the mechanism for communicating or making available the policies and procedures of the research to all individuals.
- Policies and procedures describe the mechanism for communicating changes in the policies and procedures to all individuals.
- Policies and procedures include a description of all components that are involved with human research protection, including:
    - The roles and responsibilities for each component.
    - The relationships among the component

- A description of the ways the components of the Institution communicate and work together to protect participants.

❖ Policies and procedures describe that the Researcher and Research Assistants are knowledgeable about the following responsibilities:

- The Researcher provides evidence of his or her qualifications through up-to-date curriculum vitae or other relevant documentation requested by the Sponsor, the HREC, or the regulatory authority.
- The Researcher is familiar with the appropriate use of the investigational product, as described in the protocol, in the current investigator brochure, in the product information, and in other information sources provided by the Sponsor.
- A qualified physician (or dentist, when appropriate), who is a Researcher or a co-Researcher for the clinical trial, is responsible for all clinical trial-related medical (or dental) decisions (not applicable to independent HRECs).
- During and following a participant's participation in a clinical trial, the Researcher ensures that adequate medical care is provided to a participant for any adverse events, including clinically significant laboratory values, related to the clinical trial (not applicable to independent HRECs).
- The Researcher ensures the accuracy, completeness, legibility, and timeliness of the data reported to the Sponsor.

❖ Policies and procedures include a statement that clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.

Relevant Documents

❖ HREC policies and procedures

❖ Researcher handbook

Results

❖ Researchers and Research Assistants are qualified by training and experience for their roles and responsibilities in conducting research.

❖ Researchers and Research Assistants know which laws; regulations, codes, and guidance govern their research studies and are knowledgeable about requirements pertaining to specific research studies.

- ❖ Researchers and Research Assistants are knowledgeable about the Institution's policies and procedures.

Regulatory and Guidance References

- ❖ ICH- GCP: 2.7, 2.8, 4.1.1 – 4.1.4, 4.3.1, 4.3.2, 4.4.1 – 4.4.3, 4.5.1 – 4.5.4, 4.6.1 – 4.6.6, 4.7, 4.9.1-4.9.5

Component III.2.B. Researchers maintain appropriate oversight of each research study, as well as Research Assistants and trainees, and appropriately delegate research responsibilities and functions.

Introduction

Researchers are ultimately responsible for the conduct of research. Although Researchers may delegate certain responsibilities and functions of the research, they must maintain oversight and retain ultimate responsibility for the conduct of those to whom they delegate responsibility.

When Researchers delegate responsibilities or functions, they should ensure that Research Assistants are trained and able to perform the function and assume the responsibility for the delegated function

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures define:
    - Non-compliance.
    - Serious non-compliance.
    - Continuing non-compliance.
- ❖ Policies and procedures describe the various mechanisms for informing the Institution or HREC of non-compliance:
    - Reporting requirements for Researchers, staff, and employees.
    - Consideration of complaints and protocol deviations.
    - Results of audits.
- ❖ Policies and procedures describe:
    - The Institution's process to decide whether each allegation of non-compliance has a basis in fact.
    - The Institution's process to decide whether each incident of non-compliance is serious or continuing.
    - Policies and procedures describe the Institution's process to manage non-compliance that is neither serious nor continuing.
- ❖ Policies and procedures describe the process for management of serious or continuing non-compliance by the convened HREC, including:
    - If a primary reviewer system is used, documents distributed to primary reviewers.

- Documents distributed to all HREC members.
- The range of possible actions considered by the HREC

❖ Required actions:

- Suspension of HREC approval the research.
- Termination of HREC approval the research.
- Notification of current participants when such information might relate to participants' willingness to continue to take part in the research.

❖ Optional actions:

- Modification of the protocol.
- Modification of the information disclosed during the consent process.
- Providing additional information to past participants.
- Requiring current participants to re-consent to participation.
- Modification of the continuing review schedule.
- Monitoring of the research.
- Monitoring of the consent process.
- Referral to other institutional entities.

❖ Policies and procedures describe the reporting of serious or continuing non-compliance, including a requirement for the report to be distributed to:

- Specific institutional officials.
- Other agencies when the research is overseen by those agencies.
- The maximum time allowed between the recognition of a reportable event and fulfilling reporting.

❖ Policies and procedures describe that the Researcher maintains a list of appropriately qualified persons to whom they have delegated significant clinical trial-related duties.

Results

❖ Researchers are involved in the conduct of the research, including recruitment and obtaining consent, and maintain oversight of recruitment, consent, and protocol procedures.

❖ Researchers hire qualified staff.

- Research assistants indicate that the Researcher delegates responsibility to them commensurate with their training and qualifications.
- Researchers are available to Research Assistants when needed.

Regulatory and Guidance References

- ICH-GCP: 4.1.5, 4.2.3, 4.2.4
- NCHRE: Section E, Sub-section(s), No.6(i-viii)

Component III.2.C. Researchers and Research Assistants follow the requirements of the research protocol or plan and adhere to the policies and procedures of the Institution and to the requirements or determinations of the HREC.

Introduction

Researchers and Research Assistants should be knowledgeable about and follow all legal and regulatory requirements and the Institution's policies and procedures that pertain to their research. This includes adherence to the determinations and requirements of the HREC. Once a research study is approved by the HREC, Researchers and Research Staff should follow the research plan or protocol as approved by the HREC, and not implement changes until they are approved by the HREC.

Needed Written Documents

Essential requirements:

- ❖ Policies and procedures define:
    - Non-compliance.
    - Serious non-compliance.
    - Continuing non-compliance
- ❖ Policies and procedures describe the various mechanisms for informing the Institution or HREC of non-compliance:
    - Reporting requirements for Researchers, staff, and employees.
    - Consideration of complaints and protocol deviations.
    - Results of audits.
- ❖ Policies and procedures describe:
    - The Institution's process to decide whether each allegation of non-compliance has a basis in fact.
    - The Institution's process to decide whether each incident of non-compliance is serious or continuing.
    - Policies and procedures describe the Institution's process to manage non-compliance that is neither serious nor continuing.
- ❖ Policies and procedures describe the process for management of serious or continuing non-compliance by the convened HREC, including:
    - If a primary reviewer system is used, documents distributed to primary reviewers.

- Documents distributed to all HREC members.
- The range of possible actions considered by the HREC

❖ Required actions:

- Suspension of HREC approval the research.
- Termination of HREC approval the research.
- Notification of current participants when such information might relate to participants' willingness to continue to take part in the research.

❖ Optional actions:

- Modification of the protocol.
- Modification of the information disclosed during the consent process.
- Providing additional information to past participants.
- Requiring current participants to re-consent to participation.
- Modification of the continuing review schedule.
- Monitoring of the research.
- Monitoring of the consent process.
- Referral to other institutional entities.

❖ Policies and procedures describe the reporting of serious or continuing non-compliance, including a requirement for the report to be distributed to:

- Specific institutional officials.
- Other agencies when the research is overseen by those agencies.
- The maximum time allowed between the recognition of a reportable event and fulfilling reporting.

Results

❖ Researchers and Research Assistants are knowledgeable about and follow all legal and regulatory requirements and the Institution's policies and procedures that pertain to their research.

❖ Researchers and Research Assistants adhere to the requirements of the HREC.

- Researchers and Research Assistants follow the requirements of the research plan or protocol.

Regulatory and Guidance References

- ICH-GCP: 4.1.3, 4.4.1, 4.5.1
- NCHRE: Section E, Sub-section(s), No.6(i-viii)
- WHO-TDR: Chapter V, Standard 10

Component III.2.D. Researchers and Research Assistants follow reporting requirements during a research study in accordance with applicable laws, regulations, codes, and guidance; the Institution's policies and procedures; and the HREC's requirements.

Introduction

Researchers and Research Assistants should understand the Institution's reporting requirements for events related to their research. This includes information related to unanticipated problems involving risks to participants or others or non-compliance. While Researchers or Research Assistants do not make determinations of whether an event is an unanticipated problem involving risks to participants or others, they should know the type of events to report to allow the HREC to make determinations. Likewise, Researchers and Research Assistants should submit information related to possible non-compliance in order for the HREC to make final determinations.

In addition to reporting to the HREC, regulations and institutional policies and procedures may require reporting to other people or entities within the Institution as well as to regulatory agencies. Researchers and Research Assistants should also report suspensions or termination of the research, complaints, and data safety and monitoring reports when they occur or become available.

Needed Written Documents

Essential requirements:

- Policies and procedures define:
    - Non-compliance.
    - Serious non-compliance.
    - Continuing non-compliance.
- Policies and procedures describe the various mechanisms for informing the Institution or HREC of non-compliance:
    - Reporting requirements for Researchers, staff, and employees.
    - Consideration of complaints and protocol deviations.
    - Results of audits.
- Policies and procedures describe:
    - The Institution's process to decide whether each allegation of non-compliance has a basis in fact.
    - The Institution's process to decide whether each incident of non-compliance is serious or continuing.
- Policies and procedures describe the Institution's process to manage non-compliance that is neither serious nor continuing.

- ❖ Policies and procedures describe the process for management of serious or continuing non-compliance by the convened HREC, including:
    - If a primary reviewer system is used, documents distributed to primary reviewers.
    - Documents distributed to all HREC members.
    - The range of possible actions considered by the HREC
- ❖ Required actions:
    - Suspension of HREC approval the research.
    - Termination of HREC approval the research.
    - Notification of current participants when such information might relate to participants' willingness to continue to take part in the research.
- ❖ Optional actions:
    - Modification of the protocol.
    - Modification of the information disclosed during the consent process.
    - Providing additional information to past participants.
    - Requiring current participants to re-consent to participation.
    - Modification of the continuing review schedule.
    - Monitoring of the research
    - Monitoring of the consent process.
    - Referral to other institutional entities.
- ❖ Policies and procedures describe the reporting of serious or continuing non-compliance, including requirement for the report to be distributed to:
    - Specific institutional officials
    - Other agencies when the research is overseen by those agencies.
    - The maximum time allowed between the recognition of a reportable event and fulfilling reporting
- ❖ Policies and procedures define the problems Researchers have to report to the HREC and the time frame for reporting.
- ❖ The list of problems that need reporting includes:

- Internal adverse events that are unexpected, involve new or increased risks, and are related to the research.
- External adverse events that are unanticipated problems involving risks to participants or others.
- Changes made to the research without prior HREC approval in order to eliminate apparent immediate harm.
- Other unanticipated information that is related to the research and indicates that participant or others might be at increased risk of harm.

❖ Policies and procedures define unanticipated problems involving risks to participants or others.

❖ Policies and procedures describe:

- The review of problems reported by Researchers.
- The determination of whether each reported problem is an unanticipated problem involving risks to participants or others.

❖ Policies and procedures describe the review process of unanticipated problems involving no more than minimal risks to participants or others.

❖ Policies and procedures describe the convened HREC's review of unanticipated problems involving more than minimal risks to participants or others, including:

- If a primary reviewer system is used, documents distributed to primary reviewers.
- Documents distributed to all HREC members.

❖ Policies and procedures describe the range of actions considered by the HREC

❖ Required actions:

- Suspension of the research.
- Termination of the research.
- Notification of current participants when such information may relate to participants' willingness to continue to take part in the research.

❖ Optional actions:

- Modification of the protocol.
- Modification of the information disclosed during the consent process.
- Providing additional information to past participants.

- Requiring current participants to re-consent to participation.
- Modification of the continuing review schedule.
- Monitoring of the research.
- Monitoring of the consent process.
- Referral to other institutional entities.

❖ Policies and procedures describe the reporting of problems determined to represent unanticipated problems involving risks to participants or others, including the distribution of the report to:

- Specific institutional officials.
- Regulatory agencies, when the research is overseen by those agencies, and they require separate reporting.
- The maximum time allowed between the recognition of a reportable event and fulfilling reporting requirements.

❖ Policies and procedures define:

- Suspension of HREC approval.
- Termination of HREC approval.

❖ Policies and procedures indicate that the HREC can suspend or terminate approval of research that:

- Is not being conducted in accordance with the HREC's requirements.
- Has been associated with unexpected serious harm to participants.

❖ Policies and procedures describe who is authorized to suspend or terminate research.

❖ Policies and procedures describe who can suspend or terminate HREC approval on an urgent basis.

❖ Policies and procedures have suspensions and terminations by someone other than the convened HREC reported to and reviewed by the convened HREC.

❖ When study approval is suspended or terminated, policies and procedures have the HREC or the person ordering the suspension or termination:

- Consider actions to protect the rights and welfare of currently enrolled participants.
- Consider whether procedures for withdrawal of enrolled participants take into account their rights and welfare (e.g., making arrangements for medical care

outside of a research study, transfer to another Researcher and continuation in the research under independent monitoring).

- Consider informing current participants of the termination or suspension.
- Have any adverse events or outcomes reported to the HREC.

❖ Policies and procedures describe the prompt reporting of suspensions and terminations of HREC approval.

- The maximum time allowed between the recognition of a reportable event and fulfilling reporting requirements.

❖ The distribution of the report to:

- Specific institutional officials.
- Regulatory agencies when the research is overseen by to those agencies, and they require reporting

❖ When the Researcher is the lead Researcher of a multi-site study, policies and procedures have applications include information about the management of information that is relevant to the protection of participants, such as:

- Unanticipated problems involving risks to participants or others.
- Interim results.
- Protocol modifications when the Researcher is the lead Researcher of a multi-site study, policies and procedures have the HREC evaluate whether the management of information that is relevant to the protection of participants is adequate.

❖ Policies and procedures describe that Researcher and Research Assistants are knowledgeable about the following responsibilities:

- The Researcher reports all serious adverse events (SAEs) to the Sponsor except for those SAEs that the protocol or other document (e.g., investigator's brochure) identifies as not needing immediate reporting. The Researcher follows regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authority and the HREC.
- The Researcher reports adverse events or laboratory abnormalities identified in the protocol as critical to safety evaluations to the Sponsor according to the reporting requirements and within the time periods specified by the Sponsor in the protocol.
- For reported deaths, the Researcher supplies the Sponsor and the HREC with any additional requested information (e.g., autopsy reports and terminal medical reports).

- The Researcher provides written reports to the Sponsor, the HREC, and, where applicable, the Institution on any changes significantly affecting the conduct of the clinical trial or increasing the risk to participants.
- If the Researcher terminates or suspends a clinical trial without prior agreement of the Sponsor, the Researcher informs the Institution, Sponsor, and the HREC.
- If the HREC terminates or suspends approval of the clinical trial, the Researcher promptly notifies the Sponsor.
- Upon completion of the clinical trial, the Researcher informs the Institution; the HREC with a summary of the trial's outcome; and the regulatory authority with any reports required.

Results

- ❖ Researchers and Research Assistants follow reporting requirements for research studies, including reporting:
    - Events, incidents, and problems according to the Institution's policy on unanticipated problems involving risks to participants or others.
    - Non-compliance.
    - Suspensions or terminations of research.
    - Complaints.
    - Protocol deviations and violations.
    - Data and safety monitoring reports.
    - Other required information.

Regulatory and Guidance References

- ❖ ICH-GCP: 4.10.1, 4.10.2, 4.11.1-4.11.3, 4.12.1-4.12.3, 4.13, 4.10.2.
- ❖ NCHRE: Section E, Sub-section(s), No.6(i-viii)
- ❖ WHO-TDR: Chapter 10, Standard 10, No.3-5

GLOSSARY OF ACRONYMS

GCP	Good Clinical Practice
ICH-GCP	International Committee on Harmonization – Good Clinical Practice
IDE	Investigational Device Exemption
IND	Investigational New Drug
NCHRE	National Code of Health Research Ethics
HREC	Health Research Ethics Committees
SAE	Serious Adverse Effect