



UNIVERSITY  
OF ABERDEEN

## **STANDARD OPERATING PROCEDURES MANUAL**

**Centre of Academic Primary Care**

**December 2009**



UNIVERSITY  
OF ABERDEEN

Centre of Academic Primary Care

*.. Excellence in Practice..*

# Contents

	Page
<b>New member of research team</b>	<b>2</b>
<b>Confidentiality</b>	<b>3</b>
<b>Completing grant applications</b>	<b>4</b>
<b>Starting up projects</b>	<b>5</b>
<b>Hosting a research student</b>	<b>7</b>
<b>Data Handling and protection</b>	<b>8</b>
<b>Guidelines for the use of lab books</b>	<b>10</b>
<b>Conducting Interviews outside the University</b>	<b>12</b>
<b>Guidelines for audio tape/digital interviewing</b>	<b>13</b>
<b>Authorship</b>	<b>15</b>
<b>Closing down projects</b>	<b>16</b>
<b>Research team member leaving</b>	<b>17</b>
<b>Guidelines for loans of Centre Equipment</b>	<b>18</b>
<b>Health and Safety Policy</b>	<b>19</b>

## New member of research team

**When should the SOP be used:** whenever a new individual (member of staff, student) joins a current research team or a new project.

**Procedures:** Upon appointment/arrival of the new member of a research team the line-manager/supervisor must ensure that the following are done:

- 1. Notifying CAPC:** Upon appointment of a new member of staff the line-manager/supervisor must inform Ann Christie of their name and start date to ensure appropriate induction procedures are followed. The Research Business Manager must also be informed so that appropriate accommodation is allocated.
- 2. Induction:** The University-wide staff induction pack is sent out by HR together with the letter of appointment. The line-manager/supervisor is responsible for ensuring CAPC induction procedures are followed i.e. CAPC staff induction pack given out, buddy assigned, etc. Where possible this should be sorted out in advance of the individuals start date. On their first day someone should meet them and show them round the relevant CAPC site introducing them to staff members as appropriate. A checklist of staff induction procedures for line-mangers is available on the S drive and outlines each of the key steps to be taken. This checklist should be completed by the line-manager/supervisor and returned to Ann Christie.
- 3. Designated responsibilities:** Soon after starting, the line-manager should meet with the new member of staff/student to outline what is expected of them, what their key responsibilities are and what the line-manager will oversee. Any training needs should be identified and actions instigated to meet these needs.
- 4. Research governance:** The new member of the research team must be aware of current research governance procedures and must have signed relevant confidentiality, data protection forms etc. They should also be provided, where relevant, with a research notebook together with guidance on how to use it.
- 5. Meeting the team:** Ensure that soon after arriving, the new research team member meets the rest of the team involved in the research project, i.e. other researchers, administrative support, grant holders, project collaborators etc. If the member of staff/student is joining an ongoing project in place of someone else a handover meeting should be arranged (if possible). If the individual is joining an ongoing project where there are standard procedures to follow these need to be explained and demonstrated. The quality of the data being collected should not be compromised upon the appointment of a new member to the team.
- 6. Accessing files:** Ensure that the individual has access to all relevant project files by giving them permissions to use datasets and provide them with appropriate passwords.
- 7. Arranging meetings:** Ensure that during their first few months in post, meetings between the team are reasonably frequent to allow problems or queries to be addressed as soon as possible.

SOP Reviewed and Revised 25/05/09

## **Confidentiality**

The Centre of Academic Primary Care is committed to ensuring that its activities are carried out in the most professional and ethical manner. The Centre seeks to maintain the highest ethical standards, underpinned by the values of:

- Integrity
- Honesty
- Respect for the individual
- Mutual support

A Code of Good Practice for Maintaining Confidentiality of Information is included in the Welcome Pack given to all members of new staff. All staff and students are asked to sign a statement confirming that they have read this document and agree to do everything in their power to uphold its principles. This is for the protection of both the Centre and the member of staff. The signed confidentiality agreements are held by the Centre's Business Manager.

SOP Reviewed and Revised 25/05/09

## Completing grant applications

### Before You Start

Staff should contact Derek Turner, the Centre Business Manager in person, by email ([d.turner@abdn.ac.uk](mailto:d.turner@abdn.ac.uk)) or by phone (Ext 54819) for advice, guidance and checking of grant applications. Derek will assist with obtaining costs for all applications as well as completing the College financial cover sheet which is mandatory for all applications.

### Departmental procedures:

1. Check the grant application deadline and build a realistic timetable. Remember that if the grant is MRC, you will need to send in an intention to submit well before the deadline.
2. At least one month prior to your submission deadline, you should send a rough copy of your proposal by e-mail to the departmental business manager and make an appointment to discuss the costings. The Business Manager will obtain staff costings and provide other costing advice.
3. At this point you should also approach the departmental statistician for any sample size calculations, design queries, and details of statistical staff support time that will require to be costed for your application.
4. Consider also any specialist support that you may need, approach the appropriate individuals and agree how this will work (for example, from health economists). Advise the Business Manager of specialist support time required so this can be costed for your application. If the grant includes any specialist input (statistics, economics etc), have the final version agreed by them and signed off.
5. Once you are happy with the final application and full costings, you must liaise with the business manager to have the final costings and full economic costings completed by RFS. In addition, Research and Innovation need to agree the text of the grant. At this point the departmental business manager will also complete the cover sheet that the University requires.
6. It is then the full responsibility of the person co-ordinating the submission to obtain relevant signatures of all involved, however, the Business Manager will assist as necessary. The Business Manager will arrange for the full application to be passed to RFS/R&I for them to sign it off before it can be sent. Please note that all applications should be with RFS/R&I a minimum of five working days before the application deadline.
7. The Business Manager will retain a copy of the final application as well as a copy of the internal College cover sheet. The submission of applications can be done by the applicant should they wish to do so, however, the Business Manager will arrange this on request..
8. Depending on the funding body, it may be useful to obtain comments on the submission from the particular departmental staff who sit on these committees.
9. Please also remember to inform the business manager of the outcome of all applications (whether it was funded; what the full amount was; was there any changes to budget or start/end dates; planned appointments; future plans).

Draft 2, 5th May 2009

## Starting up projects

**When this SOP should be used:** After funding and other support has been confirmed for a research project, and before data collection and other research activity begins. This SOP does not address issues relating to the appointment of research staff, nor does it cover processes specifically relating to clinical trials.

**Responsibilities:** The Principal Investigator (PI) has overall responsibility for the project. Although responsibility for specific aspects may lie with other parties (such as the sponsor, or research staff), it is the PI's responsibility to ensure that each party is aware of his or her own responsibilities in relation to the project. It is best if these are written and signed by all parties. In multi-centre projects, for the purposes of this SOP, the PI may be the local (Aberdeen-based) researcher.

### Procedures:

1. **Identify the sponsor:** For any study that has been approved by the University of Aberdeen as part of the process of applying for funding, the University will act as sponsor. Similarly, the University of Aberdeen will act as sponsor for any research, including student projects, that is led by one of its employees, if proper approvals have been obtained. Multi-centre studies, or studies in collaboration with the NHS, may require more complex arrangements, and should be considered individually. This is a dynamic topic, and advice may change in the future, with clarification of collaborative arrangements.

2. **Peer review of protocol:** If the protocol has not been peer reviewed as part of the process of application for funding, this must be done now. This is a requirement for applying for ethical approval (see below), as well as good research practice. The procedures are outlined in the IAHS SOP *Guidance on peer review of research protocols*.

3. **Other study materials:** It is important that drafts of all study materials are prepared at this stage if possible. These may include letters of invitation to participants and, if applicable, general practices or other professionals involved with recruitment, Participant Information Leaflets, Consent Forms, study questionnaires and data sheets. Occasionally, development of the latter may form part of the research project, in which case this must be made clear in the subsequent application for ethical approval.

4. **Obtain ethical approval:** All medical research involving NHS patients, staff, tissues or data requires formal ethical approval. For single-centre studies this should be obtained from the Local Research Ethics Committee (REC), of which there are two in Grampian. Studies involving more than one centre should seek approval from the National Research Ethics Service (NRES). Details of the process for applying for approval changes frequently, and current advice should be sought from the NRES at [www.nres.npsa.nhs.uk](http://www.nres.npsa.nhs.uk). Currently, a PI should apply to the main REC using the Integrated Research Application System (IRAS) at [www.myresearchproject.org.uk](http://www.myresearchproject.org.uk). Applying for ethical approval may be a lengthy process, and sufficient time should be allowed for this in advance of data collection. If the ethics form includes any specialist support (statistical, health economics etc), have the final version agreed and signed off by the relevant person prior to submission. Retain a copy of the approval letter.

5. **Other approvals:** Any research involving NHS staff, patients, tissues, organs, data, facilities or equipment also requires approval from the local Research and Development (R&D) Office. Contact the relevant R&D Office(s) to find out the requirements. At present, as a minimum, this involves sending R&D a copy of the following: an electronic copy of the R&D version of the IRAS form; a completed and signed (by local investigator) SSI form including any relevant authorisations; a copy of any grant application and subsequent award letter where relevant; a protocol (required if no grant application is provided); copies of correspondence e.g. ethics approval, MHRA authorisation etc; a copy of peer review where applicable and written confirmation of the research sponsor. The newly established NHS Research Scotland (NRS) is an initiative developed to streamline the process of obtaining approval for multi-centre studies in Scotland, contact the NRS coordinating centre for details of requirements (email: [GG-UHB.NRS@nhs.net](mailto:GG-UHB.NRS@nhs.net) or telephone 01224 552361). Retain a copy of the approval letter. Clinical trials of medicinal products will require authorisation from the MHRA (a Clinical Trials Authorisation). Projects involving medicinal products should have written agreement from Pharmacy. Research involving patients' information within the NHS may require clearance under the Data Protection Act and from a Caldicott Guardian.

6. **Register the project:** All projects must be registered with the University of Aberdeen, either by default as part of the process of applying for funding or, if this process was not conducted (e.g. in postgraduate research projects see *SOP Hosting a research student*), with the Centre Research Secretary. Projects involving NHS resources or support should also be registered with the NHS. (See the IAHS SOP *Registration of projects within IAHS*).

7. **Laboratory Book:** For most research, the primary record of research will be a laboratory book. These are obtained from the Centre Research Secretary, and remain the property of the University of Aberdeen. They will normally be completed by the main researcher working in the project, but supervised and signed off by the PI. For guidance on how to complete laboratory books, see the IAHS website.

8. **Research governance issues:** The PI must be familiar with and comply with the IAHS Research Governance and Quality Assurance Policy. The PI must also ensure that all staff working on the project are familiar with and agree to comply with this Policy. This includes secretarial as well as academic staff.

IAHS SOPs and Guidance are found at <http://www.abdn.ac.uk/iahs/research-governance/index.shtml>

## Hosting a research student

**This SOP should be used:** when a member of Centre staff is the primary supervisor of a student undertaking research. This includes students studying for any undergraduate (e.g. BSc Med Sci, BSc Health Sciences) or postgraduate degree (PhD, MSc) or medical students who are undertaking research as part of an Elective project or students from other Universities undertaking a visiting research placement.

**Responsibilities:** The primary supervisor has overall responsibility for the student research project and should ensure that the student is aware of their responsibilities.

### Procedures:

**N.B. Steps 1, 3 and 6 can be omitted if the student does not require desk space in Foresterhill Health Centre.**

1. **Inform the Business Manager:** To facilitate forward planning, this should be done as soon as you are aware of forthcoming supervision.
2. **Register the student's project with the Centre Research Secretary:** The following details must be supplied: name of student, degree studied for, project start and end dates, project title, project funder, sponsor, statement of whether ethical/R&D approval is required, names of supervisors (indicate the primary supervisor).
3. **When the student arrives:** they should be introduced to the Centre. For students with the Centre for an extended period of time (e.g. MSc, PhD), the arrangements for staff induction should be followed and the student should be allocated a "buddy" (see Standard Operating Procedure for New member of research team). For students with the Centre for a short time period, it may be sufficient to circulate an introductory email around the Centre.
4. **Allocate the student a laboratory notebook:** as this will be the primary record of their research. These are obtained from the Centre's Research Secretary, and remain the property of the University of Aberdeen at all times even following project completion. They will normally be completed by the student, but will be reviewed and signed off by the supervisors. See Standard Operating Procedure Guidelines for the use of lab books.
5. **Research governance:** The student must be aware of current research governance procedures and must have signed the Centre's Code of Good Practice for Maintaining Confidentiality of Information. The student should be made aware of the Centre's Standard Operating Procedures.
6. **Student printing:** Undergraduate and taught postgraduate students will not be able to use the MFD printers with their ID card. The student should see the Business Manager to arrange access to the MFDs. Postgraduate research students will be able to use the MFDs with their ID card.
7. **When the student research project is complete:** Follow the Standard Operating Procedure "Closing down projects".

Draft 1  
10<sup>th</sup> October 2009

## Data handling and protection

**When this SOP should be used:** When any form of data is collected (research project, fellowship, PhD etc).

**Most of the issues listed here are contained within the IAHS Research governance and quality assurance documentation** (<http://www.abdn.ac.uk/iahs/research-governance/index.shtml>).

The collecting and holding of personal data must be done in a legally responsible manner. All staff and students should comply with the MRC's code on *Personal Information in Medical Research*

(<http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC002452>) and the Data Protection Act (1998). All staff and students are required to have read this document and agree to do everything in their power to uphold its principles. The document covers:

**1. Consent:** It lists procedures to obtain consent and the use of information with and without consent. Even where there is individual patient consent, the identifiable data should only be on the original database held by the PI or database manager. When there is no consent then the researcher should not hold identifiable data. On no account should patients' names and addresses be held within data files.

**2. Anonymisation:** Wherever possible, data should be anonymised.

**3. Code of good conduct:** All staff should follow the good research practice guidelines listed at: <http://www.abdn.ac.uk/hr/policies/grpp.shtml>

**4. Disciplinary misconduct procedures:** There is a system of internal Monitoring and Auditing, with which all researchers will be required to comply. This programme is intended to be informative, non-punitive and bi-directional, but any serious problems or allegations will be handled according to the *Statement on the Handling of Allegations of Research Misconduct* on the University web link above.

**5. Data collection:** Data should be collected in a standardised way. For example, usually some form of questionnaire or via tape (to be transcribed as soon as possible after collection).

**6. Data entry:** This should be done in a standardised way and, preferably a coding manual produced for each study. Within the data file, variables should be labelled in full and a record kept of any deletions, changes or recodes. All computer output must be fully labelled and filed in a logical way to allow for subsequent data checking.

**7. Data checking:** Where appropriate, data should be double keyed by 2 independent people and the files cross-referenced for compatibility. If data is single keyed, then an independent 10% random check should be performed by another member of staff.

**8. Data analysis:** A data analysis plan should be written and agreed by all investigators prior to any data analyses taking place. Once completed, a random sample of the analyses should be checked by the departmental statistician or other suitably experienced person.

**9. Data security:** This is a legal obligation under the Data Protection Act.

- There should be clearly assigned responsibilities for overall management and control of data, management of software, backup regime, control of access rights etc.
- Paper or computer records should be only accessible by a limited number of staff.
- PCs that are logged into personal research data should not be left unattended.
- Personal data stored on laptops must be kept to a minimum and transferred to a more secure computer at the earliest convenience.
- Access rights to data should be clearly defined.
- Users must be forced to change passwords regularly (every year) and virus scanning software used.
- Personal information should not be sent via e-mail. If necessary, it should be encrypted.

**10. Record keeping:** Staff must develop systems of record keeping and database management that prevent lost, missing or unreadable information when it is time to analyse and report the study. Work records will be cross-referenced (e.g. by means of title, code, file name, date, named person, etc, or some combination of these) so that all records relating to any one study can be found at any given time. The identification and location of these will be recorded, usually in a lab book, but could also include entries in other logbooks, proformas, and computer files. For most studies, the primary record is the lab book.

## Guidelines for the use of research records/lab books

The University's Research Governance and Quality Assurance Policy requires that a primary record is maintained for all projects. In most cases this will be the "lab book" or Research Record book. These books are issued by, and will remain the property of the University of Aberdeen and not the holder, and will include information relating to procedures, processes, analyses, conditions and references etc sufficient to allow the project to be understood and, in theory, repeated. Research records will also reference any other relevant (secondary) records and sources. Entries will be made in the book as the work is done and will be dated and signed as appropriate. Records will be clear, legible and in ink. Any amendments must be clearly noted as such, with the previous entry remaining legible. The Research Record book will be kept in a secure location and will be archived for an appropriate time period at the conclusion of the project.

The following points are intended for the general guidance of those maintaining a Research Record or lab book.

1. Research Record/lab books will be issued to research staff from a central point within the Centre. The central point will record to whom and when each lab book was issued.
2. Where practicable, one Research Record/lab book should be maintained per research project. In some instances several books may be required, for example, interdepartmental or multiple site projects.
3. The main purpose of the book is to produce a methodical record of work and progress. There is no requirement to duplicate all paperwork associated with a project or to record all minor activities.
4. Users of the Research Record/lab book should complete the summary sheet at the front of the book before starting to use it.
5. Users should note that the first 12 pages of the book are for a **table of contents** and not for general record keeping.
6. The following list indicates the information that may be recorded in the Research Record/lab book. Users should note that this list is neither exhaustive or mandatory. It is intended for guidance only. The information actually recorded will be determined by the circumstances of individual projects.

The Research Record/lab book may therefore include copies of or mapped cross-references to:

- The project protocol
- Protocol amendments and relevant dates
- Deviations from protocol and reasons
- Evidence of ethical approval
- Evidence of peer review
- Details of the research team
- Information about PhD or training supervision

- Funding
  - Relevant study documentation e.g. consent forms, questionnaires, clinical record forms etc.
  - Details of where and how study documentation is stored
  - Data collection procedures
  - Key data collection dates e.g. postage of questionnaires, interview dates, focus group dates
  - Data storage procedures
  - Data entry procedures
  - Description of the Quality Assurance procedures, e.g. backup, data entry quality checks etc.
  - Dates of backup of data
  - Name of current data file, and if/when renamed/updated
  - Data analysis
  - Who has overseen the analysis
  - List papers agreed and authors
  - Note of any conditions on publication
  - Notes and minutes of any project meetings in particular outcomes and action points
  - Periodic updates on project progress
7. Information may be recorded by hand or printed and affixed.
  8. It is not necessary to affix complete copies of substantial documentation (e.g. questionnaires, record forms). The book should instead cross reference the location of such documents.
  9. Research Record/lab books should remain in the department at all times and be stored securely.
  10. If a Research Record/lab book is lost, damaged or stolen then this must be reported immediately and a thorough investigation will be carried out.
  11. In circumstances where it is impractical to maintain a Research Record/lab book for a project, it is nonetheless incumbent upon the Principal Investigator to ensure that an appropriate, unambiguous, clearly signposted record of the above type of activity is permanently recorded. Other methods of establishing primary research records include online diaries, and these may be particularly valuable for projects that are run from multiple or remote centres. These methods should be approved in each case by the Head of Centre or a delegated individual.

Redrafted on behalf of CAPC  
 Draft 3  
 22 June 2009

## Conducting interviews outside the University

**When this SOP should be used:** When researchers, in the course of conducting research, are interviewing individuals in locations outside University premises.

**Responsibilities:** It is the responsibility of the Principal Investigator (PI) of a project and of the individual researcher, to ensure that researchers interviewing outside University premises know how to conduct such interviews, and are aware of potential risks and how to deal with them.

It is the responsibility of the PI to ensure that there are sufficient resources for the project; risk assessments and codes of practice are in place and documented; competent interviewers are used in the research project; training needs are identified and addressed; monitoring and feedback controls are in place and implemented. These tasks may be delegated e.g. to the line manager, but remain the responsibility of the PI.

It is the responsibility of the researcher to read and understand the risk assessment; follow the guidelines within the risk assessment and within any training they have received; report any incident promptly to the line manager; report any perceived deficiencies in procedures.

**Procedures:** The following procedures must be observed:

**1. Training:** The interviewer must have training or experience in interviewing skills. They must be aware of how to recognise potentially hazardous situations and how to deal with them.

**2. Risk assessment:** A comprehensive risk assessment must be carried out prior to conducting the interviews. Hazards specific to each project must be identified, and measures to control the hazards documented on an individual project basis.

**3. Health and safety:** Plans must be in place to ensure that hazardous situations are as far as possible avoided. The interviewer must be aware of procedures to be followed in an emergency/hazardous situation. Interviewers should have access to security measures such as mobile phone, personal alarm or chaperone where appropriate.

Standard procedures might include informing a nominated responsible individual of the interviewer's whereabouts and expected time of return, and recommending actions to be taken if the interviewer fails to check-in as expected. Further measures to be considered can be found in the MRC publication named below.

**4. Transport:** Arrangements for safe transportation to and from the interviews must be discussed and agreed with the interviewee if appropriate.

**5. Monitoring and review:** The interviewer must inform the line manager when any major changes occur, or when an incident or accident occurs. Any deficiencies noted in the procedures must be reported, and adjustments to the procedures made as necessary.

This SOP has been based on a Medical Research Council publication, "*Health and safety. A practical guide for research involving the public*" 2004, available at; <http://extra.mrc.ac.uk/hss/pdfs/Research%20involving%20the%20public.pdf>. Examples of risk assessments and plans to address health and safety issues can be found in this document.

Reviewed: 5 May 2009

# **Guidelines for audio tape/digital interviewing**

## **Guidelines for conducting qualitative interviews**

### **Training**

It is the responsibility of the PI to ensure that any new member of staff involved in qualitative research undertakes relevant training where appropriate. Formal training is available via the University Qualitative Methods module or part of our own MSc Nursing Advanced Methods course.

Prior to commencing their first external interview, the interviewer should do a small pilot study on colleagues or friends. This will allow familiarisation with equipment and will also give valuable feedback on question style etc.

### **Maximising quality of the recording**

Whilst recognising that data collection takes place in 'real life', the following guidelines are aimed at trying to ensure a better quality recording (and therefore faster transcription times).

1. Use a good quality digital recorder tape recorder and microphone. Each interview should be recorded on a new cassette and each cassette should contain only 1 interview.
2. Set the microphone in a position to optimise the sound quality of responses from the interviewee.
3. Do a short trial to check everything is working correctly (correct speed, volume etc).
4. Where possible, try to minimise any kind of background noise. For example, politely asking the interviewee to switch off the television or radio. If pets are a distraction, respectfully ask if they can be moved to another room. If, at all possible, try to arrange the interview for a time when young children are at school etc.
5. Speak clearly when asking the questions.
6. When the interviewee is replying, try not to talk at the same time.
7. If arranging a telephone interview, as far as possible, try to make contact to a landline number rather than a mobile. Unless absolutely necessary, try not to call the interviewee on their mobile phone while they are at the airport or railway station.

**Interview feedback form**

**Interview feedback form**

**Date:**

**Tape/Digital Ref:**

**Interviewer:**

	<b>Very good</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>	<b>Very poor</b>
Clarity of interviewer					
Clarity of interviewee					
Overall quality of interview					

Transcriber's comments:

Draft 2  
July 2009

## Authorship

1. Ideally authorship and style of authorship of reports and publications should be agreed upon at the start of any project.
2. All authors of published or presented papers must fulfil three criteria:
  - a. Each author should have made an ‘academic contribution’ to two of the four main components of a typical scientific project, viz design, data collection and processing, analysis and reporting. The term ‘academic contribution’ implies both intellectual responsibility and substantive work.
  - b. Each author should have critically reviewed successive drafts of the paper.
  - c. Each author should be able to defend his paper as a whole (although not necessarily all the technical details), either in correspondence or at the scientific meeting in question.

The ordering of authors within the list of those who fulfil all three criteria should be guided by two principles:

- i. The person who has taken the lead in writing is entitled to be the first author.
- ii. Those who have made a major contribution to analysis or writing (ie have done more than commenting in detail on successive drafts) are entitled to follow the first author immediately; where there is a clear difference in the size of these contributions, this should be reflected in the order of these authors. “Ghost” authorship is not acceptable.

All those who make a substantial contribution to a paper without fulfilling criteria a, b and c (including interviewers, data processors, secretaries and funding bodies) should be acknowledged by name, usually in an ‘Acknowledgements’ section specifying their contributions. All papers arising from the Centre should include the full title of the Centre. Organisations funding the work should be acknowledged, as well as any personal fellowships etc.

3. It is hoped that the adoption of this Standard Operating Procedure will prevent grievances that cannot be resolved by informal discussion. However, anyone with such a grievance should take it to their line manager if feasible; and if not to Professor Phil Hannaford as Head of Research in the Centre.

Phil Hannaford  
6<sup>th</sup> October 2009 Draft 2

## **Closing down projects**

**Responsibility:** It is everyone's responsibility to ensure that data are held securely and confidentially, and that research is conducted to the highest possible standard. It is the responsibility of the Principal Investigator (PI) of a project, or its senior supervisor, to ensure that proper closing down procedures are undertaken.

**When should the SOP be used?** Upon completion of a research project such as an externally funded grant, student project, higher degree or completion of a research paper. Wherever possible, the procedures should be discussed well before the final date of completion.

**Procedures:** Before the end of the project the PI/supervisor must ensure that the following are done:

1. Original data / manual records. Ensure that the whereabouts of all original data / manual records (e.g. questionnaires, tapes of interviews, transcripts, study documentation such as ethics approval, study 'lab books' or research diaries, correspondence etc) pertaining to the project is known, and have been checked for completeness. Consideration should be given as to what records can be archived, and for how long (see archiving procedures).
2. Computer records. Ensure that the whereabouts of all computer files relating to the project are known about, that they are adequately labelled, and that any data protection passwords are known so that the data can be accessed if necessary in the future. Ensure that adequate backups exist (and know where they are kept) (see data protection procedures). Ensure that any data held outside the dept (e.g. on home computers) are returned to the department.
3. Master files. Ensure that a master file of the data is compiled, properly labelled and adequately stored, so that any results from the project can be verified. Upon publication of papers, ensure that a file of the data pertaining to the paper is kept, together with a copy of the printed paper and any relevant notes.
4. Final reports / publications. Ensure that final reports are sent (as appropriate) to funding bodies, ethics committees, R & D offices, participants etc. Ensure that the study results are disseminated, including scientific journals. Ensure that all financial procedures have been completed. Agree authorship of papers emerging from the work- see separate SOP.
5. Personnel issues. Ensure that all personnel issues are completed, that all equipment and other property of the Centre of Academic Primary Care or University is returned and that any ID badges and keys are returned. Ascertain contact details for the future.

David Heaney  
June 2009  
Draft 2

## Research team member leaving

**Responsibility:** It is everyone's responsibility to ensure that data are held securely and confidentially, and that research is conducted to the highest possible standard. It is the responsibility of the Principal Investigator (PI) of a project, or its senior supervisor, to ensure that proper procedures are undertaken when a member of research team leaves.

**When should the SOP be used:** Whenever a member of a research team leaves. Wherever possible, the procedures should be sorted out well before the date of leaving.

**Procedures:** Before the member of staff leaves, the PI/supervisor must ensure that the following are done:

1. **Original data / manual records:** Ensure that the whereabouts of all original data / manual records (e.g. questionnaires, tapes of interviews, transcripts, study documentation such as ethics approval, study 'lab books' or research diaries, correspondence etc) pertaining to the project is known, and have been checked for completeness.
2. **Computer records:** Ensure that the whereabouts of all computer files relating to the project are known about, that they are adequately labelled, and that any data protection passwords are known so that the data can be accessed if necessary in the future. Ensure that adequate backups exist (and know where they are kept) (see data protection procedures). Ensure that any data held outside the dept (e.g. on home computers) are returned to the department.
3. **Personnel issues:** Ensure that all personnel issues are completed, that all equipment and other property owned by the Centre of Academic Primary Care or University is returned and that any ID badges and office keys are returned. Ascertain contact details for the future. Agree any authorship issues for future publications.

## **Loans of Centre Equipment**

1. The equipment with which you have been issued strictly remains the property of the Centre of Academic Primary Care
2. Equipment must be used only for work being carried out under the aegis of the Centre of Academic Primary Care
3. Under no circumstances should the equipment be used by anyone who is not a member of the Centre and who is not specifically authorised to use it.
4. You are fully responsible for ensuring the security of all confidential data collected by and stored on any remotely used equipment in strict accordance with the University of Aberdeen Research Governance and Quality Assurance Policy.
5. You must also note that you are completely responsible for making regular back-ups of all data stored on remotely used equipment. Ideally these back-ups should be made to secure files on the Centre network. If back-ups are made on discs, these should be stored securely within the Centre and in accordance with University of Aberdeen Research Governance and Quality Assurance Policy.
6. It is absolutely essential that all equipment is returned intact, timeously and in good working order on completion of the task for which it was issued.
7. Prior to returning equipment that you have finished using, you are responsible for ensuring that following back-up, all confidential data is deleted from the borrowed equipment. In the case of lap-top computers please ensure that the data has also been deleted from the re-cycle bin.
8. It is absolutely essential to note that in all circumstances, defunct or broken equipment must be returned to the Centre of Academic Primary Care for correct disposal. Under no circumstances should individuals dispose of Centre equipment in any other way.
9. Damage or loss of any equipment (including computer discs or audiotapes) must be reported immediately to your line manger and the equipment issuer.

Please note that failure to abide by these guidelines could place the user in breach of the University of Aberdeen Research Governance and Quality Assurance Policy.

Equipment should be signed out/in, in the Log Book kept by the Senior Research Secretary (Netta Clark).

SOP reviewed and revised 13.10.09

# **Health and Safety Policy**

The University of Aberdeen's Health and Safety Policy documents are located on S:\DeptInfo\Dept Documents\Health and Safety

## **Health and Safety Policy 2008**

### **Health and Safety in the University Office - Information**

This document covers information on:

- **New Staff**
- **Discussion of Health and Safety Matters**
- **First Aid**
- **Accidents**
- **Safety Inspections**
- **Health and Safety Concerns**
- **Access to Heights**
- **Building Maintenance**
- **Chemicals/Cleaning Equipment**
- **Computer Workstations**
- **Electricity**
- **Fire**
- **Housekeeping**
- **Manual Handling**
- **Security/Personal Safety**
- **Waste**
- **Useful Contact Numbers**

Revised and reviewed on 13/10/09