Standard Operating Procedure: Obtaining Informed Consent from Competent Adults for Research Studies

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<td>1.00</td>
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<td>1.02</td>
<td>Changes to Section 6.3.7, 6.3.9 and 6.4.1</td>
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<td>Clarification of informed consent process for study team at 6.3.1</td>
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This SOP will be reviewed at least every 3 years from initial and subsequent issue dates.

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1 PURPOSE / INTRODUCTION

1.1.1 This Standard Operating Procedure (SOP) describes the correct procedure for obtaining written informed consent for clinical research studies.

1.1.2 Informed consent is defined as:
“A process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject’s decision to participate. Informed consent is documented by means of a written, signed and dated informed consent form.” [1]

1.1.3 It should protect the research subject’s rights and well-being, their autonomy and should be an on-going process of information exchange.

2 SCOPE

2.1.1 This SOP applies to the correct procedure to be followed when obtaining informed consent for all studies unless superseded by a study specific SOP for Obtaining Informed Consent.

2.1.2 This SOP applies to all University of Aberdeen (UoA), NHS Grampian (NHSG) staff and other collaborators involved in obtaining informed consent. UoA-NHSG SOPs may also be used by staff from other NHS areas, or organisations, with prior agreement.

2.1.3 This SOP does not apply to obtaining consent from adults with incapacity or children, which should be written as study specific documents.

3 ASSOCIATED DOCUMENTS

UoA-NHSG-TMP-014 - Consent form template
Study delegation log (if applicable)
Study Signature log (if applicable)

4 REFERENCES


National Research Ethics Committee Guidance on Informed Consent


The Medicines for Human Use (Clinical Trials) Regulations 2004,
http://www.opsi.gov.uk/si/si2004/20041031.htm
It is assumed that by referencing the principle regulations, all subsequent amendments made to the principle regulations are included in this citation.
4.1 Abbreviations:

- CTIMP: Clinical Trial of Investigational Medicinal Product
- ICF: Informed Consent Form
- R&D: Research and Development
- SOP: Standard Operating Procedure
- PI: Principal Investigator
- PIS: Participant Information Sheet

5 RESPONSIBILITIES

5.1.1 It is the responsibility of the Principal Investigator (PI) at a study site to ensure that the informed consent form, as well as other written information provided to subjects, has been approved by the research ethics committee prior to the study commencing.

5.1.2 International Conference on Harmonisation Good Clinical Practice Guidelines (ICH/GCP) (1996) guidelines state that: “The investigator, or a person designated by the investigator, should fully inform the subject...” and that: “the written informed consent form should be signed by the person who conducted the informed consent discussion.”

5.1.3 It is the responsibility of the PI at a study site to ensure that the appropriate organisations are informed if research staff are taking consent on their behalf and that this is documented in the study delegation log. This may include the research ethics committee that approved the study, the R&D office and study sponsor.

5.1.4 The research staff taking consent should be adequately trained to do so and be prepared to take on this additional responsibility and should feel confident to take informed consent in line with codes of professional conduct.

5.1.5 It is the responsibility of the PI at a study site to ensure that informed consent is obtained before any research procedures, tests or data collection from the subject begins.

6 PROCEDURE

6.1 Providing Information to Potential Participants

6.1.1 All individuals asked to consider taking part in research should be given the fullest possible information about the research, presented in terms and in a form that they can understand. This must include (but is not limited to) the Participant Information Sheet (PIS) approved by a Research Ethics Committee.

6.1.2 A potential participant should be invited and encouraged to ask questions about the research, which should be answered to the best ability of the person obtaining consent. If additional information is needed to answer questions, then this should be obtained prior to completion of the consent process.

6.1.3 Participants should be given enough time to read the information about the research. This is often at least 24 hours except where research is conducted in an acute or emergency setting.
6.1.4 If a potential participant is unsure about participation, allow extra time for consideration and offer the option of speaking to another member of the research team or advise the potential participant to speak to an independent person (perhaps a relative or their GP).

6.2 The Informed Consent Form (ICF)

6.2.1 The ICF should be on local headed paper, have a version number and date, identify the unit and department conducting the research and should be identifiable with the study. The ICF must state the study title, and if a clinical trial of an investigational medicinal product (CTIMP), the EudraCT number, for which consent is being sought (see the Informed Consent Form template UoA-NHSG-TMP-014).

6.2.2 Only the currently approved, most recent version of the ICF may be used for obtaining informed consent.

6.3 Obtaining Informed Consent

6.3.1 Only the investigators, co-investigators and staff named on the study delegation log are allowed to obtain informed consent from participants. Investigators, co-investigators and staff named on the study delegation log cannot be consented into the study.

6.3.2 Pressure should not be put on an individual to take part in research.

6.3.3 The person obtaining informed consent must assess the potential participant’s understanding of what he/she is agreeing to, that he/she is aware that he/she has the condition under study, knows that he/she may receive a control intervention and fully understands the implications of decisions that may be made within the course of the research. If there is doubt as to the potential participant’s understanding, the individual should not be recruited.

6.3.4 The person obtaining informed consent must inform the participant that they are under no obligation to participate and that they can withdraw at any time, and that this will not affect their treatment now or in the future.

6.3.5 Informed consent must be obtained before the initiation of any procedures, tests or treatments that are required by the study protocol but which are not considered to be part of routine clinical care.

6.3.6 The participant’s name, date of birth and study title should all be checked to ensure that they are correct and to ensure that the participant has received all appropriate documentation (PIS and any other relevant study information).

6.3.7 The person obtaining informed consent must ask the participant to read the informed consent statements and initial the boxes on the ICF, write their name, sign and date the appropriate sections, then they too must countersign and date the consent form.

6.3.8 Telephone or verbal consents are not permitted for CTIMPs. For other studies consent may be given verbally or by telephone only if approved by a Research Ethics Committee. In these instances, a study specific working practice document should be written, detailing the procedure for documenting the consent of the participant.

6.3.9 For CTIMPs, the PI or delegate must document the date in the clinical notes that the potential participant was given the PIS. For CTIMPs the PI must also document that the participant meets the inclusion/exclusion criteria and is eligible to participate in the study.

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For CTIMPs and when applicable to other studies the date & time that the person consented to be a participant in the trial should also be recorded in the clinical notes. This provides a clear audit trail to ensure no study specific activities occurred prior to consent being obtained.

6.4 **After Consent has been Obtained**

6.4.1 The original consent form must be placed in the investigator site file. Ensure a copy of the consent form is also given to the subject and a copy placed in the clinical notes or sent to the subject’s GP (if required). The ICF’s must not be stored together with data from Case Report Forms.

6.4.2 If changes are made to the study protocol, PIS and/or ICF after the trial has started, then the investigator must contact the appropriate Research Ethics Committee to obtain ethical approval for these changes and to discuss the need, or immediacy of need, to re-consent existing participants.

6.4.3 Note that Research Ethics Committees pay close attention to the informed consent process as described in the ethics application. This is an important factor in informing their decision to give a favourable opinion. Therefore any deviations from the approved informed consent process must be immediately reported in writing to the relevant Research Ethics Committee and Sponsor.