NHS Research Ethics Approval

......the process

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ETHICS

• The process of determining what is right and wrong

• Personal code of conduct based on respect for one's self, others, and your surroundings

• The study of human values and moral conduct

• The philosophy or code pertaining to what is ideal in human character and conduct
Ethics

.........or how to behave properly
Ethics in Medicine

• Respect for autonomy
  Including protection of those with diminished autonomy
• Beneficence
• Non Malificence
• Justice
  fairness, equity, distributing the benefits and burdens of healthcare in society
God and doctor we adore
on the brink of danger, not before.

The danger past, all is requited;
God is forgotten, the doctor slighted
BUT................
There is a foreseeable contribution to human good that justifies clinical research

**BUT**

- It is unethical for clinical research NOT be open and accountable
- It is unethical NOT to disseminate results
- Registration of trials/clinical research is necessary:
  * prevents duplication of effort
  * and ensures both positive and negative results are made public
• Hippocrates – 500BC: Medical oath outlining physicians duties

• 1628 – Sir William Harvey: Described the circulation

• 1672 – Sir Robert Talbor: Secrecy and deception in medicine
• 1798 – Dr Edward Jenner: Experimentation using cowpox to protect against smallpox

• 1930s/1940s – Nazi experimentation: POWs – exposed to cold water to see how long they would survive
• 1947 – Nuremberg code: Set of principles for human experimentation

• 1964 – The Helsinki Declaration: Code of practice for physicians involved in medical research

• 1967 – Dr Maurice Pappworth: Ethics and clinical medicine, an analysis of questionable medical research – informed consent
Research Ethics Committees …a history

• First established in NHS in mid 1960’s……on a voluntary basis

• LRECs first organised by dept of health guidance in 1991 (England) 1992 (Scotland)

• MREC system created in 1997

• Further regulations issued in 2002 which gave explicit statutory duties to REC’s.
Research Ethics Committees …a history

- 2000 – COREC established
- 2001 – Governance arrangements for Research Ethics Committees
- 2001 – European Union Clinical Trials Directive
- 2004 - UK regulations
  - The medicines for human use (clinical trials) regulations
EU Clinical Trials Directive

- Harmonise clinical trial procedures in Europe
- Share information across member states
- Good practice legally binding
- 60 day time limit for opinion; 35 day time limit for amendments
- One single opinion per country

- APPLIES TO ALL RESEARCH
• Pathologist ordered the removal of organs from dead infants bodies

• No consent from relatives was obtained

• 2000 pots containing body parts of 850 infants were found in a cellar
Salisbury Trust:

- Patients consented to the use of surplus skin in ‘all forms of medical research’

- Some of the skin was sold

- Salisbury Trust received £17,000 per year from the Defence Evaluation & Research Agency (DERA)
Research Ethics Committees ... a history

- Human Tissue Act 2004
- Mental Capacity Act 2005
Implications Of EU Directive

- **March 2004** – Central Office of Research Ethics Committees (COREC)
  - One national Research Ethics Application Form
  - 1st issue of Standard Operating Procedures for Research Ethics Committees
  - Introduction of central allocation system (CAS) for booking multi site applications
  - Introduction of national Research Ethics Data Base

- **2005 Warner Report**
Research Ethics Committees …a history

- 2007 - National Research Ethics Service
  Name change from COREC

- 2008 – Integrated Research Application System form
  - Information requirements for a range of permissions and approvals into a single integrated application system
Research Ethics Committees  ...a history

www.myreseachproject.org.uk

IRAS

• Not mandatory until June

• Streamlines the application process if you are applying to different bodies such as MHRA/ARSAC

• Form sieve should tailor the form to your proposal
"No man is an island, entire of itself; every man is a piece of the continent, a part of the main. If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friend's or of thine own were: any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bells tolls; it tolls for thee."

John Donne (1572 - 1631)
Ethical Approval Required

- Patients and users of the NHS
- Relatives and carers of NHS patients
- NHS staff as subjects
- Access to data, organs and other bodily material both past & present
- Recently deceased in NHS premises
- Use or access to NHS premises
- Any clinical drug trials
## Is Ethical Approval Required
### Research, Audit or Service Evaluation (1 of 2)
*(from COREC, ethics consultation e-group)*

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>CLINICAL AUDIT</th>
<th>SERVICE EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed &amp; conducted to generate new knowledge</td>
<td>Designed &amp; conducted to provide new knowledge to provide best care</td>
<td>Designed &amp; conducted to define current care</td>
</tr>
<tr>
<td>Quantitative research - hypothesis based</td>
<td>Designed to answer the question:</td>
<td>Designed to answer the question:</td>
</tr>
<tr>
<td>Qualitative research - explores themes following established methodology</td>
<td>“Does this service reach a predetermined standard?”</td>
<td>“What standard does this service achieve?”</td>
</tr>
<tr>
<td>Measures against a standard</td>
<td>Measures current service without reference to a standard</td>
<td></td>
</tr>
</tbody>
</table>
## Is Ethical Approval Required
### Research, Audit or Service Evaluation (2 of 2)
(from COREC, ethics consultation e-group)

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>CLINICAL AUDIT</th>
<th>SERVICE EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>May involve a new treatment</td>
<td>Doesn’t involve a new treatment</td>
<td>Doesn’t involve a new treatment</td>
</tr>
<tr>
<td>May involve additional therapies, samples or investigations</td>
<td>Involves no more than administration of questionnaire or record analysis</td>
<td>Involves no more than administration of simple interview, questionnaire or record analysis</td>
</tr>
<tr>
<td>May involve allocation to treatment groups NOT chosen by HCP or patient</td>
<td>Does not involve allocation to treatment groups: the HCP and patients choose treatment</td>
<td>Does not involve allocation to treatment groups: the HCP and patients choose treatment</td>
</tr>
</tbody>
</table>

Ethical review required | No ethical review required | No ethical review required
• Case 1
  – A researcher wants to look at the effects of waiting lists on patient’s states of mind. This would involve interviews with patients. They also want to see if a particular marker for stress is elevated in the blood.

  – Are there any ethical issues?

  – Would he need approval from an NHS ethics committee?
Case 2

- A nurse would like to look at the effect of the new discharge policy on the department compared to the old. The nurse would also like to get the viewpoints of NHS staff within the department.

- Are there any ethical issues?

- Would approval be required from an NHS ethics committee?
The Committee

• **Expert members**
  – Clinical and non-clinical research
  – Qualitative or other research methods applicable to health services, social science & social care
  – Clinical practice including:
    ▪ Hospital and community staff
    ▪ General practice
  – Statistics relevant to research
  – Pharmacy

• **Lay members (one third of the committee)**
There should be a sufficiently broad range of experience and expertise, so that the scientific, clinical and methodological aspects of a research proposal can be reconciled with the welfare of research participants, and with broader ethical implications.

(Governance arrangements for Research Ethics Committees 6.1)
The Life cycle of an Ethics Application
Application Form

1. Completion of NRES Form and documentation
2. Contact Ethics Office to register application
3. Submit application (deadline)
4. Committee Meeting
5. Decision letter Issued
Committee meeting

- WELFARE

Will the subject be protected
  - Minimal risk
  - Consent
Committee meeting

• VALIDITY

Can the proposal be justified

– Is the research question important

– Is the design of the study capable of answering the question….and with what confidence (power, quantitative studies)

– An invalid study at best wastes resources, at worst places subjects at risk

(Professor John Sanders, Cambridge 2005)
cells will be harvested to investigate for the presence of polymorphisms in the MSH2 gene which may lead to the identification of pathogenic mutations in somatic and/or germline material. We will store the identity of the patient on our record base because we plan to contact them for fresh samples.

We will not tell the patients the results of our investigations but we can send them a copy of our paper.
Committee Meeting

Three decisions can be awarded

- Approved
- Provisional opinion, request for further information
- Rejected
The Most Common Problems With Applications

- Participant anonymity
- Site Specific Exemption (A6)
- Indemnity (A35, A36)
- Not supplying further information, supporting documentation
Common Ethical Application Issues

• Participants confidentiality, anonymity in collected data
  – Codes are preferred to names

• First approach to participants
  – should be by someone known to them
The Six Principles (compatible with data protection Act, 2000)

1. Any use or transfer of data should be scrutinised by guardian of that data

2. Do not identify patients if not necessary

3. Use minimum identifiable data

4. Access to such data should be on a need to know basis

5. All should be aware of their responsibilities

6. All such activity should be lawful
What about the *creation* of information?

- The existence of a database needs to be registered to comply with the law

- If the database concerns patient management i.e. the diabetic clinic list with recall information, then no permission from the patient is deemed necessary

- If the database concerns research, or if the clinical database is to be used for research, then patient consent must be sought
Use of Data:

In general, records created for one purpose should not be used for another purpose without the patient’s consent.
Who should seek the consent from the patient?

• The database manager (or responsible clinician)

• Not a researcher who does not know the patient
Common Ethical Application Issues

• Accessing of patient records if not part of normal work
  - ensure appropriate permission sought

• Research on certain group of participants
  - ensure still alive before sending the invitation letter

• Time to decide to participate in study
  - minimum of 24 hours, unless full explanation
To summarise

- Why have Ethics Committees?

  * To protect all actual and potential research participants
  * To protect researchers
And finally..........

Let us not forget the researcher
The Ethics Office: always there to help!

"Four of these have to go."
NoSRES Office Contacts

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