National Patient Safety Agency

National Research Ethics Service

DEVELOPING COMMENSURATE REVIEW:

a report of the National Research Ethics Service "Fast Track" project

November 2008

Summary

An internal review of applications to Research Ethics Committees (RECs) and the national queries line indicated there were many studies that carried no risk and would be no or minimal intrusion on subjects. The National Research Ethics Service (NRES) therefore funded a pilot project to explore the ethical dimensions of possible “fast track” review

Three lay members of RECs, appointed through invitation and interview, were able to draw up broad guidance on what might be seen as “Research with No Material Ethical Issues”.

35 to 40 per cent of applications to four RECs, chosen to represent the range of RECs in England, were deemed suitable for such review.

Fast track review revealed occasional variation in decisions and issues raised but none beyond what we would expect between full committees nor did it seem to jeopardise the rights dignity safety or well being of research subjects.

Based on these findings and similar review in other countries, a pilot of fast track review will be conducted in South London early 2009.

Acknowledgements

At the outset I would like to acknowledge and thank all those who took part and helped with this project. Valerie Heard was a wonderful co-ordinator of our disparate efforts, collecting data from various sources, distributing it to the volunteers, collecting results for us to consider, even when computers crashed around her, never failing to smile and refusing to be defeated! The three volunteers, Frank Green, Vera Hughes and John Richardson soon melded into a great team who rapidly developed a modus operandi and undertook the work with enthusiasm. When snags struck they took them in their stride and seemingly were never deflected.

I would also like to thank the chairs and co-ordinators who worked with Valerie to provide the studies and their committee's deliberations so we could conduct our analysis.

This paper should be read in conjunction with the volunteers' report. The independent volunteers felt they were able to show that a small group (possibly in future including an expert in qualitative research) can provide a fast track service for applications that present minimal risk and have no material ethical issues. A number of qualifying recommendations were made:-

> "We regard it as crucial that the operational implications of a fast track service are met in order to ensure confidence in the process. The following are recommended as areas for work:
>
> - Understanding the new demands on, and providing training for, co-ordinators.
> - Clarifying individual and Fast Track Committee accountability.
> - Making training available for applicants and their supervisors.
> - Dealing with applications that have no material ethical issues but are badly presented.
> - Receiving replies to minor queries.
> - Making provisional decisions.
> - Suggesting improvements to a research project.
> - Having contact with the researcher."

Research, a public good

Since the "scientific revolution", medical advances have been based on a complicated mix of imagination, reason, observation and experimentation, designed and conducted to test specific ideas or treatments. Observations from experiments have accelerated our understanding of all aspects of medical science and consequently the development of new, more effective, treatments. In fact David Wootton (1) argues it wasn't until doctors adopted the experimental method that they finally did any good.

Experiment has helped us understand the workings of the human body (these developments preceded true therapeutic advance by two centuries) and has underpinned all the core advances of modern medicine. Any truly comprehensive list of

benefits would be unmanageably large but now in the era of “evidence based medicine”, it is experimentation that provides the foundation to modern care. Progress, change and improvement depends on research.

Research and risk

The exact relationship between treatment and experiment is the subject of continuing debate but experimentation may change the consultation. Its primary aim is the discovery of new knowledge rather than patient care and a health professional undertaking research within his or her treatment may find there is a conflict of interest between duties of care and research interests. Since its introduction, there have been examples of harmful experiments or “unethical research”. Beecher’s report in the 1960s (2) reveals that this problem has continued into more recent years.

RECs and review of research

So while it is crucial that research continues, the interests of participants must be protected by proper review. There is now international consensus that all medical research should undergo independent scrutiny and that the decision to proceed is not the prerogative of the medical community. The Royal College of Physicians (London) has written .

> *“The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol. This protocol should be submitted for consideration, comment, guidance, and where appropriate, approval to a specially appointed ethical review committee, which must be independent of the investigator.*
>
> “*It is now generally agreed that:*
>
> *(i) Research investigation on human subjects should conform with codes such as….Declaration of Helsinki…*
> *(ii) Investigators should not be the sole judges of whether their research does so conform.”*

and in the USA, Dr. S. John Reisman, the Executive Secretary, NAHC, writing to Dr. James A. Shannon, 6 December 1965 ("Resolution of Council") (ACHRE No. HHS-090794-A).

> *“Be it resolved that the National Advisory Health Council believes that Public Health Service support of clinical research and investigation involving human beings should be provided only if the judgment of the investigator is subject to prior review by his institutional associates to assure an independent determination of the protection of the rights and welfare of the individual or individuals involved, of the appropriateness of the methods used to secure informed consent, and of the risks and potential medical benefits of the investigation.”*

In the United Kingdom Research Ethics Committees (RECs) were established to undertake this review.

Criticism of current review

Ethical review and research regulation have recently come under heavy, sustained criticism. Authors argue it adds little to the protection of participant, delays research and consumes resources for no benefit. In fact some argue it harms human health. The cost of review has also been raised. Ethical review is not a free good, it consumes resources.

Table 1

PERSON / GROUP	TASK	TIME
Researcher	Form completion Collection of necessary documents Submission	As a maximum- 44 hours £850 (Wald D 2004), perhaps 16 hours (2 days)
Co-ordinator	Validation Photocopying Distribution Correspondence	4 hours
REC.	Reading Debating	1 hour per application
REC.	Committee expenses	£40,000 / year £670 / application on activity analysed, excluding NRES costs
R and D	This is very variable but one example is:- "The R and D committee meets monthly and considers about 8 applications per meeting, using the NRES form. This is in series with ethical review (parallel review has presented problems) and the process takes about 2 to 3 months. The R and D committee has 25 possible members and regard "8" as quorate".	
Institution	Providing evidence of indemnity and confirming sponsorship	0.5 hours

Estimating the cost in this way must be approximate. Sugarman has calculated costs after interviewing IRB (REC) staff and estimates the costs of a full review in the USA to be between $839 to $1,455 (estimates from NRES for the UK are in a similar range). "fast track" review was cheaper.

The varying burdens and risks of research

"Research", as a term, covers projects with very different risks, from simple questionnaires, the use of previously donated anonymous tissue to the first administration of a chemical entity whose safety profile can not be fully and clearly

defined. For some projects there seems to be little if any attendant risk to a participants rights safety dignity or well being.

> *The enquirer proposed to ask patients from 3 GP surgeries what they knew about the symptoms of a heart attack. They would be asked to fill in a questionnaire while waiting for the doctor to see them. This was deemed research rather than audit or service evaluation, and under current guidance needed REC review.*

Asking patients about their knowledge of symptoms of myocardial ischaemia (angina or heart attacks) while they wait to see their doctor would seem to present no risk. Those unwilling to, would have the opportunity to decline completing the questionnaire.

On the other hand a physiological experiment, such as the experimental inhalation of an agent such as Hexamethonium, or Phase 1 studies, early gene therapy or the administration of monoclonal antibodies will carry risk of harm..

As a result one common criticism has been the disproportionate or incommensurate review of research that carries no or less than minimal risk. Ethical review needs to accommodate these differences. This was recognised in the recent UK ad hoc review of Research Ethics Committees .

"The remit of NHS RECs should not include surveys or other non research activity if they present no material ethical issues for human participants."

There are international parallels. In the USA research activities that present no more than minimal risk to human subjects, and involve only certain listed procedures may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. Similar process can be found in Canada.

NRES therefore set itself the task of addressing this problem in the UK, working with colleagues in Scotland. This project addresses and explores a possible solution. We have piloted a process of speedy review (colloquially known as "Fast Track") for "Research with no Material Ethical Issues" and this document presents the results.

Method

The Research Ethics Advisor of NRES and a Senior Co-ordinator ran the study, with three Lay Volunteers, recruited from RECs after advertisement and interview. This shadow "Fast Track REC" (the three recruited lay volunteers) undertook duplicate and parallel review (""fast track" review") of all studies reviewed by four RECs between April 2007 and February 2008. These four RECs continued their review and decisions as usual.

The project was divided into three phases

(a) Developing consensus - Phase 1

We asked

“What do we mean by “Research with No Material Issues”?

and could we draw up guidance to guide subsequent work?

(b) Identifying applications suitable for “Fast track Review” (Phase II)

We asked

“**What would be the potential work load of a “Fast Track” process?”**

(c) Ethical issues in Fast track review (Phase III)

We asked (ii)

“Would the rights, dignity, safety or well being of research subjects be compromised by a “Fast Track” review?”

We developed parallel review to compare the ethical issues raised by the reviewing REC and volunteers, asking whether the rights dignity safety or well being of the subjects would have been jeopardised if the study had undergone “Fast Track” review.

Phase I developing consensus

A draft document was circulated and amended at meetings and adapted in use when considering applications. This became a reference for the later phases.

From these deliberations a table was drawn up:

Table 2

		RESEARCH SUBJECTS	
	RESEARCH TYPE	***"NON VULNERABLE"**	**VULNERABLE**
I	Research using anonymised or pseudanonymised data or tissue	**YES***	**YES**
II	Research using existing tissue samples already taken with informed consent	**YES**	**YES**
III	Research using "extra tissue" (eg further blood taken at time of routine sampling or tissue taken at "clinically directed" operation)	**YES**	**YES**
IV	Research taking tissue as part of a protocol, with minimal risk or more and not clinically indicated	**NO**	**NO**
V	Questionnaire research involving the use of data identifiable to the researcher, taken with consent (this would include voluntary completion of a questionnaire), of limited burden and conducted by a researcher or supervised by a researcher with experience or training in research and the subject under investigation	**YES**	**YES**
VI	Research interview / focus group of no more than limited burden	**YES**	**YES/NO – for debate**
VII	Research comparing or surveying the safety or efficacy of established treatments and involving no intervention or change to the patients' normal treatment (where treatment choice is not within a research protocol)	**YES**	**YES**

***"Non-vulnerable and Vulnerable groups"**
We have separated these two categories using guidance from the NRES application form, recognising that "Vulnerability " does not always mean that the subject would be unable to give consent (i.e. lack capacity). Studies involving those who lack capacity would require full review.
***YES - suitable for fast track review**
***NO - NOT suitable for fast track review**

Studies conducted under the Clinical Trials Regulations 2004, Mental Capacity Act 2004, investigations of medical devices prior to CE marking and invasive basic science studies using healthy volunteers would all require full REC review. Otherwise, researchers and reviewers could use the table as a guide.

(b) Phase II

This phase addressed the question

"What would be the potential work load of a "Fast Track" process?

All applications on the 4 REC agendas were assessed by the senior co-ordinator and those considered possible for "Fast Track" review were sent to the three volunteers, who read the application and recorded whether they did indeed feel it could be "fast tracked" (i.e. presented no material ethical issues).

The results are tabulated below

Table 3

MONTH(S)	APPLICATIONS ON AGENDAS	PUT FORWARD FOR FAST TRACK	SUITABLE FOR "FAST TRACK" – WITH THE FULL AGREEMENT OF THE 3 VOLUNTEERS
July–Sept	52	33	21
Oct	25	13	8
Nov	23	13	10
Dec	15	9	3
Jan	15	8	6
TOTAL	**130**	**75**	**48**

Results were consistent month by month. 2/3 were sent to the volunteers and of these about 2/3 were deemed suitable for "fast track".

Volunteers decided that 40% of REC applications could be reviewed by "Fast Track"

We selected four different RECs to try to capture the full range of applications. Some committees probably see more that could be fast tracked, other less. If we were to consider all RECs in England, this figure might be slightly higher or lower but we believe this is a reasonable estimate of the potential workload.

(c) Phase III

This phase was designed to answer the question

"Would "fast track" review have jeopardised the rights safety or well being of the potential research participants?

In this phase volunteers continued their review but were asked to decide in addition what ethical issues concerned them, would they give it a favourable, opinion or refer it to a full committee? Comments were recorded on a form shared with colleagues from Scotland to allow data from both countries to be analysed together. (Appendix 2)

Results

1. Were any studies "fast tracked" yet rejected by the REC?

Three applications received an unfavourable opinion from the REC while the volunteers approved the project for fast track review. If we are to look at the possibility that a "fast track" system might jeopardise the rights safety or well being of the potential research participants, these obviously require further consideration.

Did this difference of opinion compromise the rights, safety, dignity or well being of the research subjects?

STUDY A A proposed retrospective review of anonymised treatment records from a company's database.

With the company's permission, the researcher proposed to analyse anonymised records of treatment after road traffic accidents to find out whether early physiotherapy was beneficial.

The REC gave an unfavourable opinion, feeling this study lacked scientific rigour and could be done prospectively. They were also concerned that the participants had not given consent for this information to be used in this study.

Three reasons for the unfavourable opinion emerge

1. Concern about method and suggesting a different approach.

RECs are mandated to satisfy themselves that the method has undergone commensurate review (peer review) but not expected to undertake this themselves. This has proved a contentious area and recent evidence has indicated this presents problems for RECs and consequent differences between RECs. When reviewing the method, RECs again differ in their approach, some will simply give unfavourable opinion while others adopt a more facilitative approach and make suggestions for improvement. This is a difficult balance.

2. Consent

This was discussed by the researcher in section A68 of the application form, arguing that seeking consent retrospectively might cause distress and would be difficult. This was presumably not accepted by the REC.

3. Confidentiality

Given the information collected, it seems the data would be anonymous to the researcher. Confidentiality would be unlikely to be at risk.

Would the rights, safety, dignity or well being of the research subjects have been compromised by this study?

If, as proposed, the data are anonymised, safety and well being would not have been jeopardised. There is, however, continuing debate over the "rights" we should have over anonymised databases that we have contributed to. The public by and large is permissive, but if this project were presented to several RECs it is likely we would find members arguing either way and possible different final opinions from RECs. Hence the different views we found is probably a reflection of broader uncertainty and difference of opinion, rather than an issue that would be peculiar to "fast track" review.

STUDY B Immune factors and HIV

The researcher proposed to study proteins on white blood cells from stored samples taken from HIV patients.

The REC felt the application lacked sufficient detail, had unclear primary outcome and the application didn't state what specific tests were to be performed. They commented it was not written in language comprehensible to a lay person.

Given that consent for research on these sample had been given, and the samples were linked anonymous, it would seem the rights, safety, dignity or well being of the subjects would not have been compromised by the "fast track" review's favourable opinion, although it is recognised the REC felt the study would provide little useful information.

STUDY C The immune response in malignant disease

The researcher proposed to request one further consented blood sample from patients with cancer to study proteins on white blood cells.

The REC felt the application lacked sufficient detail, had an unclear primary outcome and the application didn't state what specific tests were to be performed. They commented it was not written in language comprehensible to a lay person. They remarked that the Participant Information Sheet mentioned taking urine samples, not mentioned in the main application. There was also a discrepancy within the application about the number of participants, and it was uncertain how much blood participants are asked to give. The committee also noted that the application was not written in language comprehensible to a lay person". The volunteers gave favourable opinion provided the PIS was revised, they felt the information was comprehensible.

Given the study design, it would seem that it would not impinge on the rights, safety, dignity or well being of the subjects, the REC seemed to have concerns about the scientific design and information. The "fast track" review also requested revision of information for participants.

2. Were there any fundamental ethical differences in the opinions of the two reviews and would these have compromised the rights, safety, dignity or well being of the research subjects

Eighteen studies underwent full and “fast track” review and 119 comments were analysed. We observed the expected variation given we know RECs raise different issues when reviewing protocols.

In 29 cases comments were made by the REC with no similar comment in the “fast track” review. Thirty four comments were extracted from “fast track” review where no similar comment could be found in the REC’s review and in 28 cases there were comments on what might be seen as similar issues (table 4). We have focussed on the 29 issues raised by the full REC, not raised in “fast track” review.

TABLE 4

Consideration of comments made by the RECs not matched in ""fast track" review"

STUDY	REC COMMENT	CONSIDERATION
An Exploration of Midwives Knowledge of Female Genital Mutilation		
	Shorter covering letter to be supplied for main study	Simple administrative issue
	P.I.S. version 1 not necessary - remove	Simple administrative issue
Long term follow up of patients with carpal tunnel syndrome who do not proceed to surgery		
	Consent not applicable, as implied by return of completed questionnaire	A statement with no further action
Is it time for a change? The Future Role of the Community Specialist Palliative Care Nurse Questionnaires would be sent out to GPs asking them their views of the palliative community nurses to plan services		
	Clarification as to alternative strategy if one or more of potential participants identified for interview decline to take part	An issue on study design unlikely to jeopardise the rights dignity safety or well being of research subjects
Computational Flow Modelling for Aortic Stent−Grafting Xray scans of the aorta, already acquired as routine practice, would be obtained from x-ray departments, anonymised and use to create artificial models to study fluid flow		
	(1) If anonymised data is used, use of clinical outcomes need to be removed or (2) if the use of clinical outcomes is to be retained then, informed consent should be obtained	This use of CT scan will carry no consequence for the patients and it seems likely most people would agree to such use. Seeking consent would be incommensurate
Exploring patients' views of current home−based stroke rehabilitation Patients will be interviewed by the researcher for about an hour to gauge their views on a home based stroke service		
	No need to inform patient's GP, so remove from consent form	Simple administrative issue
	PIS needs statement that tapes will be transcribed then destroyed, in case anything is disclosed during interview disclosing risks	A contentious area. More researchers are being asked to store their raw data for subsequent analysis
	Amend PIS to state NO under "Do I have to take part?"	A straightforward request
The usefulness of exercise testing as a follow up in adults with repaired Tetralogy of Fallot		
	Clarification re. funding - could affect recruitment.	Clarification sought - subsequent action
	Clarification sought about time frame from last CPEX.	Clarification sought
	Clarification to be requested regarding screening process to ascertain the capacity for consent - MCA guidelines	Clarification sought
	Consent form to have clause added permitting data to be used for future studies.	RECs will make different decisions on this
Patients own drugs: identifying the benefits A three part study, firstly to compare the drug history taken by doctors and pharmacists on admission to hospital, secondly a cost analysis, thirdly a questionnaire for patients to complete to find out why they bring their own medicines into hospital		
	Why no box for participants aged 35-44?	A simple error in design
	Written justification about recruitment of adults in emergency situation	Emergency research raise the issue of consent . IN this study completion of the questionnaire in this study would be regarded as consent
Bronchiectasis:clinical parameters and HRCT findings		
	Start/end date of study?	Simple administrative issue
	When will consent be obtained and will there be 24 hours given to consider initially? Timescale important - participants may not complete study if too long a gap between stages	The study requires subjects to complete a simple questionnaire and collect sputum for 24 hours
	Will GP be informed?	This study is designed to validate a questionnaire so the GP will not need to know
	Details required as to fate of specimen	A reasonable; request
Catheter Ablation for Atrial Fibrillation − Biomarkers and Outcomes 5 samples would be taken, four from cannulae inserted for routine care, to measure chemicals in the blood before and after electrical treatment to cure an abnormal heart rhythm		
	Clarification of any secondary objectives	None recorded
	Information on the DNA analysis	No record on application sheet of DNA analysis
Biomarkers in genito-urinary malignancy Clinical teams will collect an additional urine sample (5 mls) and one additional biopsy sample (if biopsy is clinically indicated and undertaken) from patients attending a "haematuria investigation clinic" to assess new ways of detecting cancer		
	Additional statistical advice to reassure that the study was sufficiently powered to produce a result	A reasonable request but unlikely to impinge on participant safety

	Clarification is sought on the length of time participants attending as 'day cases' will have to consider taking part in the study The researcher should clarify if potential participants would / could be given the study PIS prior to attending?	Seeking clarification
	clarification on the proposed donation of tissue to the Human Tissue Bank [HTB]. [Response to Part B: Section 5, Q11 refers]	Seeking clarification
	PIS confusing and have requested that individual PIS should be drafted for the 3 studies and the control group. (Extra information listed that should be inserted)	Volunteers seemed happy with the Pf Info Sheet. Variation between RECs is recognised and expected! The three studies were very closely related and probably their distinction of little importance to the subjects
Contribution of human metapneumovirus to respiratory tract disease: Microbiology staff would send a "non-sensitive" questionnaire to all patients admitted to one hospital who were found to have this virus in their respiratory secretions to study the symptoms and correlates of this relatively new condition.		
	Further to the discussion at the meeting the researcher should be requested to make a response regarding the feasibility / necessity to have a draft a Participant Information Sheet [PIS] for young people	All ages were to be studied, and a reasonable suggestion
	It was concluded that the researcher would have legitimate access to the database, including the contact details and the researcher confirmed this	A statement with no further action
	Members explained that as the application had stated that the primary purpose of the research is to obtain an 'educational qualification [A4] this should be transparent to the participant	A reasonable request, although unlikely to affect the participants' responses
What are psychiatric nurses' attitudes towards aggression? A questionnaire based survey of mental health staff on aggression they have encountered		
	Expectations for returned questionnaires seemed optimistic	A statement with no further action

Discussion

The published literature indicates broad support for “fast track” review. Ashcroft, Newsom and Benn (3) supported the principles of the *Ad Hoc Review* and the principle of commensurate research although when they wrote (2005) they were skeptical that the process might be speedier than current review

“All of these improvements should be welcomed by the research community: the test is whether they actually work as intended.”

Although Dawson wrote under a critical title, *The Ad Hoc Advisory Group’s proposals for research ethics committees: a mixture of the timid, the revolutionary, and the bizarre* (4), he gave unambiguous support to commensurate review.

"To its credit the AHAG does suggest that some research "especially surveys and many studies on NHS staff" could normally be conducted safely without a requirement for REC review section 3.1. This is of course to be welcomed"

and

"Rather the review of research ought to be proportionate to the possibility of harm."

Epstein and Wingate who wrote under a similarly controversial title *Is the NHS Research Ethics Committees System to Be Outsourced to a Low-Cost Offshore Call Centre?* (5) made no reference to the proposal for “fast track” review.

In the other hand, Hunter has written two critical papers (6,7). He argues that

“Presently, there is a movement in the UK research governance framework towards what is referred to as proportional ethical review. …..Although conceptually attractive, the notion of proportional review depends on the possibility of effectively identifying the risks and ethical issues posed by an application with some process other than a full review”

In the paper he argues that this cannot be achieved (a subcommittee might miss “ethical icebergs”) and that the only appropriate means of identifying risks and ethical issues is consideration by a full committee. His argument is, however, theoretical and he provides no evidence.

His proposes four reasons for failure

1 Possible REAs will lack expertise
2 A “committee of two” is more likely to miss ethical icebergs
3 A “committee of two” can’t and will not represent all ethical models
4 “Uncertainty” The author recognises that some applications do indeed present no material ethical issues but he argues that in “cases in between” we can’t be sure that this “committee of two will recognise ethical problems.

Since this paper, the proposal has been modified. Its suitability for “fast track” review will be assessed 6 times. Three volunteers will review the project AFTER it has been assessed by the researcher and defined (in his or her eyes) as a project with no material

ethical issues and confirmed by a trained co-ordinator. Access to a further opinion if it is required before dispatch for “fast track” review will be available. Considering his fourth caveat, we recognise this grey area, but we believe the proposed process will allow fair and accountable judgement. At the end if the reviewers are concerned it can be returned to full committee but we believe this will be an unusual occurrence.

In both papers he argues any proposal should not be implemented without fair trial. This has been the purpose of the project and it provides evidence on which to base future developments. The author asked for evidence, we now provide it.

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Appendix 1

RESEARCH "WITH NO MATERIAL ETHICAL ISSUES (NMEI)"

A PAPER FOR DISCUSSION

Identifying research with no material ethical issues that can be reviewed by a central REC.

1. Exclusions on procedure and law

Studies conducted under the
Clinical Trials Regulations 2004
Mental Capacity Act 2005

Marketing investigations of Medical devices prior to CE marking
Invasive basic science studies using healthy volunteers

These will require full REC review

2.Ethical classification

If we start from GAfREC's definition of the role of RECs

GAfREC 2.2 The purpose of a Research Ethics Committee in reviewing the proposed study is to protect the ***dignity, rights, safety and well being*** *of all actual or potential research participants.*

taking into account the wider regulatory and governance systems in place

GAfREC 2.2 It (the REC) shares this role and responsibility with others, as described in the Research Governance Framework for Health and Social Care.

where the possibility of harm is regulated by others. There is much research in which the only risk is a breach of confidentiality. Public view is seemingly "tolerant"

National survey of British public's views on use of identifiable medical data by the National Cancer Registry
The authors concluded that most of the British public considers the confidential use of personal, identifiable patient information by the National Cancer Registry for the purposes of public health research and surveillance not to be an invasion of privacy. **Barrett, G. Cassell, J.A. Peacock, J.L. Coleman, M.P. (2006). British Medical Journal. 332: 1068 – 1072.**

Data protection, informed consent, and research
After discussion a public audience were invited to vote for or against the following proposal: 'Consent is not required for access to medical records for non-commercial medical research that has no effect on the individuals being studied and has been approved by an accredited research ethics committee.' The vote in favour was 93%. **Peto, J. Fletcher, O. Gilham, C. (2004).** ***British Medical Journal*****. 328: 1029 - 1030.**

This is covered legally by common law and the Data Protection Act (amongst others) and the data protection guardians of the institution.

Some research involving additional radiation has no material ethical issues beyond this use of x-rays, which will be covered by the issue of an ARSAC certificate. It is a matter of judgment as to what additional radiation requires REC review.

For brevity, I have considered “well being“ under the categories of dignity and safety.

Infringing the dignity of subjects
Research in sensitive areas, genetics, sexual health and HIV might be seen to infringe the dignity of subjects. To meet the criteria for subcommittee review, such data and samples must be anonymised or pseudonymised.

Infringing the rights of individuals
People will expect privacy/confidentiality and autonomy to be respected and to have redress in the case of harm. Privacy and confidentiality are considered above. Research that will breach autonomy will therefore probably not be classified as NMEI.

Autonomy and consent
Interventional research conducted without consent will by and large need full committee review and should not be reviewed by subcommittee. Non-interventional research without consent might be reviewed by subcommittee, if data and /or tissue is anonymous to the researcher

Harm
Subjects have a right to redress so any research subjecting participants to more than minimal risk will not be reviewed by subcommittee (see below).

Rights and vulnerable groups
Research involving vulnerable groups and those who can not represent their own interests will not be classified NMEI and as a result present particular problems. Their interests are paramount but it needs to be recognised that their exclusion makes them vulnerable to unresearched healthcare. Balance is therefore needed. This is explored in the table following.

Putting the subjects’ safety at risk Only studies that subject participants to no more than minimal risk can be deemed to be suitable for subcommittee. Those that pose greater risk can not.

Guidance: what do we mean by minimal risk?

> *11.13 The term ‘minimal risk’ is used to cover …where the level of psychological distress is negligible although there may be a small chance of a reaction which itself is trivial, e.g. a mild headache or feeling of lethargy. Or where there is a very remote chance of serious injury or death. ‘We regard this second risk…as comparable, for example, to that of flying... in a scheduled aircraft’.* **The Royal College of Physicians 1990a**
>
> *“the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”* **The Food and Drug Administration (USA) (45 CFR 46.102(h)(i)).**
>
> *“Questioning, observing and measuring (children), collecting a urine sample, using spare blood obtained for clinical use”* would be regarded as minimal risk **Royal College of Paediatrics and Child Health UK**
>
> **A quantitative definition (JAMA 2005)**

Car trips approximately 0.06 per million for children aged 14 years and younger, and approximately 0.4 per million for children aged 15 through 19 years.
For every million instances of playing basketball, approximately 1,900 individuals will sustain injuries, including 180 broken bones and 58 permanent disabilities.

This is also in line with the Central Committee on Research Involving Human Subjects (CCMO) Netherlands.

Guidance and Categorisation

Guidance

These groups will be “reading applications to decide“ and **not**, as in full committee, “reading to debate.” This may be a subtle distinction but emphasises the importance of receiving complete and comprehensive documents. A68 (A6 in the new form) will be central.

Applications must be written in language that can be understood by a lay person. This is particularly important as researchers will not attend “fast track review”.

As applicants will not be attending, the assessment of their competence from paperwork will be important.

The PIS must satisfy the reviewers that the subjects will be fully informed. Other issues could be deemed NMEI. This will be looked at in Phase 2.

Incomplete submission can be judged on their merits, but if there is any concern that a judgment can not be made, they should be referred back to the co-ordinator.

There should be no reservation about referring back for full review if those conducting “fast track” review are in doubt.

An essential question is “Will this research add material risk?”

Appendix 2

DATA COLLECTION FORM

(note the middle column refers to question numbers in a previous version of our application form)

ISSUES	REFS:	*COMMENTS*
Title **PIS Title**	**A1**	
Aims/objectives **Justification, methodology, purpose and design** **Outcome measures** **Scientific review**	***A7-8*** ***A9*** ***A10*** **A48-49** **A45-1**	
Subject recruitment **Inclusion/ exclusion criteria**	**A20-21** **A22** **A23**	
Vulnerable groups **Current/recent participation**	***A24*** ***A25***	
Consent arrangements,	***A26-29*** ***A28***	
GP issues	***A32***	
Interventions **Withholding of usual care**	***A12-13*** ***A11***	
Potential risks, discomforts **Possible benefits**	**A16-19** ***A18***	

Expenses, other payments to subjects	***A33-34***	
Indemnity and compensation	***A35-36***	
Confidentiality issues, data storage, etc	***A39-44***	
Statistics Issues/power calculation	***A45-2*** ***A51-53***	
Monitoring and audit arrangements	***A57***	
Funder, sponsor, other Parties	***A58-60***	
Investigator(s)/ collaborators Payments to researchers /host	***A66*** ***A61-64***	
Post-study treatment, Availability of results	***A67*** ***A37-38***	
Consent form	**-**	
Other supporting documents	**-**	

PARTICIPANT INFORMATION SHEET ISSUES

Please tick the appropriate box in relation to any issues arising out of the PIS related to format, text, etc. If you wish to add comments, please type these below. Be as brief as possible e.g. if Version no:/date omitted, simply tick the 3rd box and type 'Absent' in the space below.

Headed notepaper/letterhead	☐
Study title	☐
Version no:/date	☐
Standard invitational introductory paragraph	☐
Use/title of sub-headings	☐
Statement of justification/purpose of study	☐
Description of individual's involvement/nature of interventions	☐
Confidentiality issues	☐
Storage and retention of study data	☐
Storage and retention of tissue	☐
Right to refuse to take part or withdraw consent	☐
Payment of travel expenses	☐
Review by the ethics committee	☐
Contacts, names and addresses/numbers	☐
Concluding 'thank you' statement	☐
Other issues	☐

Participant Information Sheet Comments