HEALTHY COMMUNITIES AND
WORLD CLASS HEALTHCARE

CARING | PASSIONATE | TRUSTWORTHY

BENDIGO HEALTH RESEARCH GOVERNANCE TOOLKIT 2015

Bendigo Health Care Group
PO Box 126, Bendigo Victoria 3552

General enquiries P 03 5454 6000
ABN 26 875 445 912

www.bendigohealth.org.au
www.newbendigohospital.org.au

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

Contents

Table of Figures

Purpose

This manual is intended to provide guidance and essential tools in the form of templates, proforma and operating procedures facilitating appropriate research conduct across the Bendigo Health (BH). The manual will be subject to rolling review. This means that parts of it will be updated as needed, rather than a regular review and republish of the entire document. The information in this manual is underpinned and reliant on a number of existing documents and guidance, such as those published by:

- the National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee, (*The National Statement*)
- the National Health and Medical Research Council, Research Governance Hand-book: Guidance for the national approach to single ethical approach, Dec2011
- the National Health and Medical Research Council, Framework for Monitoring: Guidance for the national approach to single ethical review of multi-centre research, Jan2012
- Victorian Managed Insurance Authority (VMIA) and the
- Department of Health, Consultative Council for Clinical Trial Research

BH is committed to transparent and effective mechanisms to develop and manage research undertaken within the Group. This manual forms a core component of the BH's risk mitigation strategy. It should be noted that the governance of research is organisation specific and therefore these mechanisms may differ from those found elsewhere.

Target Audience

All those involved in the approval, conduct or oversight of research at BH or involving BH data.

Scope

CHERC manages all aspects of research review and continued oversight.

How to use this document

The manual is divided into three sections:

Section A. Bendigo Health's Research Governance Framework

Section B. Procedures for research review at Bendigo Health

Section C. Bendigo Health Policies and Procedures, HREC Standard Operating Procedures (SOPs) and useful documents and tools.

The manual is intended to be read on line. Wherever possible references are hyperlinked to the original source.

Version

Version 1.4 18/05/2015

Author

Sally McCarthy RN MBioethics (Monash)
Research Manager
Collaborative Health, Education and Research Centre (CHERC)
Organisational Development and Improvement
Bendigo Health
PO Box 126 Bendigo Victoria 3552
p. 03 5454 6412 | f. 03 5454 6420

Definitions and Terms

Glossary

Adverse event	Any untoward medical occurrence in a patient administered a medicine and which does not necessarily have a have a causal relationship with this medicine. An adverse event (AE) can therefore be any unfavourable and unintended sign (for example, an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicine, whether or not considered related to this medicine.
AuRed	A secure web-based Australian Research Ethics Database.
BH	Bendigo Health
CAS	The Coordinating Office for Clinical Trial Research, Multisite Ethical Review, Department of Health, Address: 50 Lonsdale Street, Melbourne. Phone: 03 9096 7394 Email: multisite.ethics@health.vic.gov.au Website: www.health.vic.gov.au/clinicaltrials/
CHERC	Bendigo Health's Collaborative Health, Education and Research Centre.
Coordinating Principal Researcher	The investigator responsible for coordinating a research study. For single centred studies the terms Coordinating Principal Investigator, Coordinating Principal Researcher, site Principal Investigator, Principal Investigator and Chief Investigator are all synonymous.
Clinical Research Coordinator/Contact person	The person designated by the Principal Investigator (PI) to be responsible for liaising with the HREC / research governance office/r. May also be known as the site coordinator, contact person, study liaison officer.
CPI Coordinating Principal Investigator	The investigator responsible for coordinating a multi-centre research study, and the submission and communication of all subsequent requests and notifications to the site Principal Investigators. For single centred studies the terms Coordinating Principal Investigator, Coordinating Principal Researcher, site Principal Investigator Principal Investigator and Chief Investigator are all synonymous.
HREC	Human Research Ethics Committee empowered to undertake ethical and scientific review and approval of research projects.
HREC Coordinator	An employee of the institution who provides administrative support and advice on the institutions process of ethics review of research studies. The coordinator reports to the Chair of the HREC in matters related to the activities of the Committee. The terms HREC administrator, HREC coordinator and HREC secretariat are all synonymous.

Low risk research	Section 2.1.6 of the National Statement on Ethical Conduct in Human Research describes research as 'low risk' where the only foreseeable risk is one of discomfort. Where the risk, even if unlikely, is more serious than discomfort, the research is not low risk.
Multi-centre Research	Research to be conducted at more than one site and within the jurisdiction of more than one HREC.
National Statement	*National Statement on Ethical Conduct in Human Research (2007- updated March 2014)*. The National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee, Commonwealth of Australia, Canberra.
Negligible risk research	Section 2.1.7 of the National Statement describes research as 'negligible risk' where there is no foreseeable risk of harm or discomfort; and any foreseeable risk is no more than inconvenience. Where the risk, even if unlikely, is more than inconvenience, the research is not negligible risk.
ODI	Organisational Development and Improvement (ODI) Division of Bendigo Health.
Principal Investigator	An investigator who acts as Principal Investigator at a study site i.e. the investigator responsible for the overall conduct of the research study at an individual site. For single centred studies the terms Coordinating Principal Investigator, Coordinating Principal Researcher, site Principal Investigator, Principal Investigator and Chief Investigator are all synonymous.
Quality Assurance	Quality assurance activities are those in which the primary purpose is to monitor, evaluate or improve the quality of health care delivered by a health care provider (an individual, a service or an organisation).
Research Agenda	Sets the direction of research at BH in alignment with strategic plan, assisting both BH and its partners to focus energy and resources into broad priority areas.
Research Authorisation	Authorisation issued by the CEO or delegate to conduct research at the site (Bendigo Health). Authorisation is contingent upon receiving HREC approval and a completed SSA.
RGO	Research Governance Office/r. The Office/r within an institution who is responsible for assessing the site-specific aspects of research applications, makes a recommendation to the CEO / delegate as to whether a research study should be granted authorisation at that site and oversees authorised research at the site meets appropriate standards (research governance).
Single-site research	Research to be conducted at one site only. If only one SSA needs to be generated the research is single site research.

Site Principal Investigator	An investigator who acts as Principal Investigator at a study site in a multi-centre research study i.e. the investigator responsible for the overall conduct of the research study at an individual site For single centred studies the terms Coordinating Principal Investigator, Coordinating Principal Researcher, Site Principal Investigator, Principal Investigator and Chief Investigator are all synonymous.
Site-specific Amendment	An amendment request for an authorised research study that may be submitted by the applicant to the site Research Governance Office/r only (by-passing the HREC).
Site coordinator/Study liaison officer	The person designated by the PI to be responsible for liaising with the HREC/Site research governance personnel. The terms contact person, clinical research coordinator, site coordinator and study liaison officer are all synonymous.
Site Specific Assessment (SSA)	The mechanism used to document the level of support and suitability of a research study to be conducted at a site, whether that study is multi-centre or single-site.
Submission Code	Required on all forms generated in the Online forms website to enable the HREC coordinator/RGO to upload documents into the AuRed database.
The Code	Australian Code for Responsible Conduct of Research. NHMRC/ Australian Research Council (ARC)/Universities Australia.
Validation	An administrative check carried out by an HREC or RGO to verify that an application is complete and accepted for review.
Validation date	For research governance: the date on which a valid application is received by a RGO.
Victorian Specific Module	A completed Victorian Specific Module must accompany all high risk applications to address Victorian-specific legislation. There is a section built into the LNR form to address this legislation.

Acronyms

ADE	Adverse Device Event
ADR	Adverse Drug Reaction
AE	Adverse Event
AHEC	Australian Health Ethics Committee
ARC	Australian Research Council
ASR	Annual Safety Report (Line listing of all SARs)
CTRA	Clinical Trial Research Agreement
CTN	Clinical Trial Notification (Scheme)
CTX	Clinical Trial Exemption(Scheme)
DSMB	Data and Safety Monitoring Board
DSUR	Development Safety Update Report
EU	European Union
GCP	Good Clinical Practice
HREC	Human Research Ethics Committee
IB	Investigator's Brochure
ICH	International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use
ICH-GCP	International Conference on Harmonisation-Good Clinical Practice
ICSR	Individual Case Safety Reports
IP	Intellectual Property
LNR	Low and Negligible Risk
LNR SSA	Low and Negligible Risk Site Specific Assessment
NEAF	National Ethics Application Form
NHMRC	National Health and Medical Research Council
PI	Principal Investigator
PICF(s)	Patient Information and Consent Forms(s)
QA	Quality Assurance
RGO	Research Governance Office/r
SAE	Serious Adverse Event
SADE	Serious Adverse Device Effect
SAR	Serious Adverse Reactions
SSA	Site Specific Assessment
SOP	Standard Operating Procedure
SUSAR	Serious Unexpected Suspected Adverse Reaction
TGA	Therapeutic Goods Administration
VMIA	Victorian Managed Insurance Authority

Adapted with permission from Barwon Health Research Manual – Governance and Ethics V1, Aug 2011

Section A

Bendigo Health's Research Governance Framework

1. Bendigo Health Research Governance Components

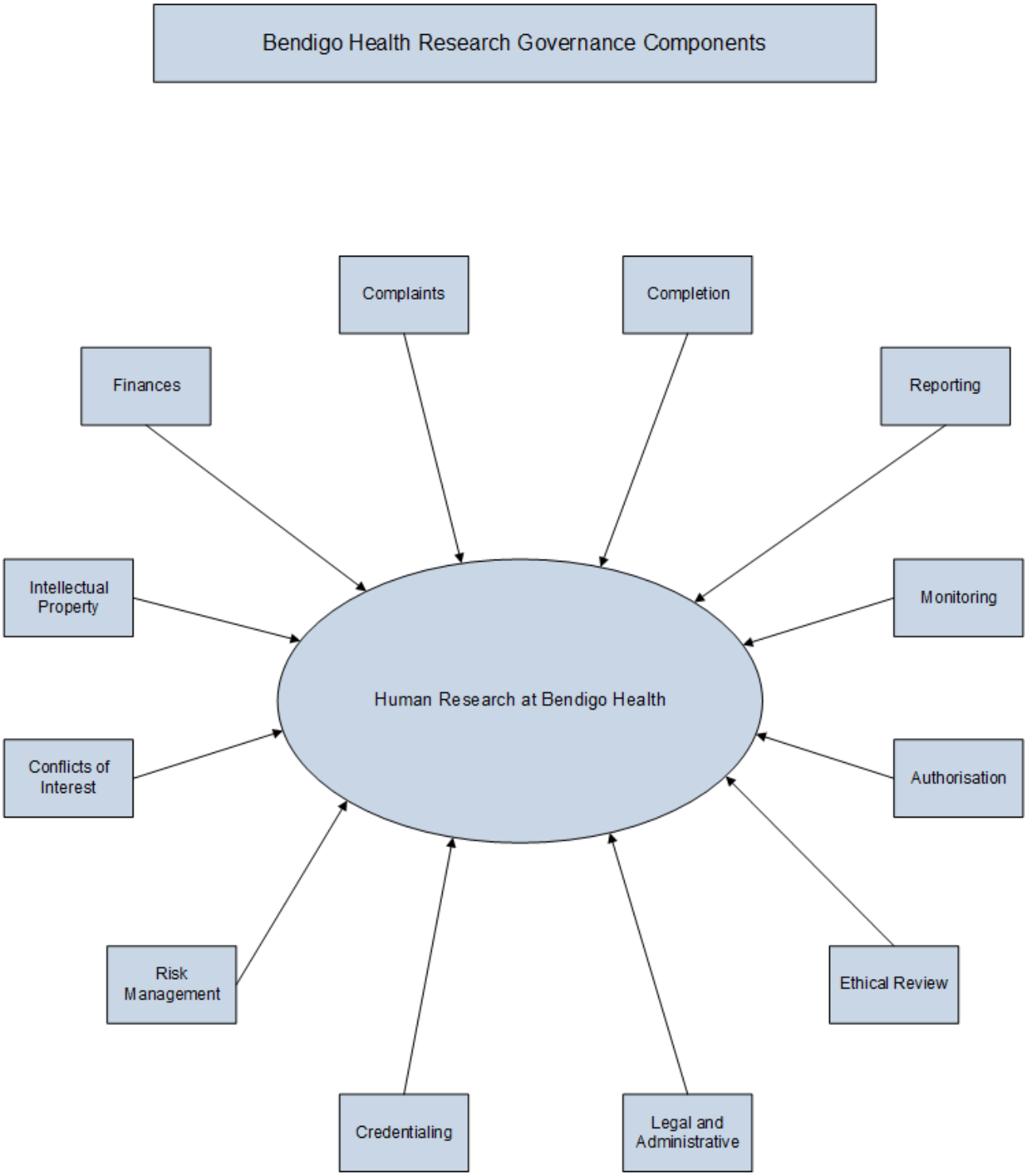

Figure 1. Bendigo Health Research Governance Components

2. Research Governance

A Research Governance Framework can be understood as the framework by which institutions, its managers and researchers share responsibility and accountability for research. It describes the requirement for research to be conducted according to ethical principles, scientific, regulatory and professional standards and the principles of risk management. The framework also describes the roles, responsibilities and accountabilities for all parties and defines the processes used to ensure compliance, monitoring and on-going review of the quality of research. The framework should foster an organisational culture which:

- places the interests of research participants first,
- promotes excellence and integrity in research through accountability, responsibility, honesty and transparency,
- actively works to prevent or minimise adverse events, and avert poor performance and research misconduct, and
- encourages a research environment where ongoing education, learning and improvement are supported.

3. Research Governance at Bendigo Health

Research governance comprises of two distinct components. The first of these is that of ethical review and this is undertaken by an HREC or, in the case of low or negligible risk research, a subcommittee of the HREC. This review assesses the proposed research in the context of the rights, dignity and welfare of participants as well as ensuring that the research is scientifically sound.

In addition to ethical review, all research is subject to a site assessment. This is where BH decides whether to authorise ethically approved research or not, taking into consideration issues such as resourcing, funding, risk management and all legal, regulatory and administrative requirements.

However, it is important to note that there may be times when matters that are usually regarded as relevant only to site assessment become relevant to the ethical consideration of research such as when the funding of a project is insufficient and may compromise the scientific validity of the project or may increase the burden on the participants. It is also possible that a project that has received ethical approval may not be consistent with BH's research agenda and therefore not be authorised to proceed.

4. The Role of the Institution

Overarching responsibility relating to the governance of health research rests with BH's Executive. In accordance with BH's research governance framework, the Executive is obliged to ensure the integrity of its research programs, the researchers and the research projects they conduct. This obligation includes a responsibility to protect the safety and welfare of participants in research conducted at BH, particularly those participants who are also being treated or cared for within the organisation. BH's role in oversight of research is derived from many sources, including the obligations as defined in the:

- National Health & Medical Research Council's (NHMRC)/ Australian Vice Chancellors' Committee, National Statement on Ethical Conduct in Human Research 2007 (Updated 2014), (The National Statement). Click here
- NHMRC/ Australian Research Council (ARC)/Universities Australia, Australian Code for Responsible Conduct of Research (The Code), Click here
- Therapeutic Goods Administration (TGA), Notes for Guidance on Good Clinical Practice (CPMP/ICH/135/95), Click here
- Organisational policies and procedures (see page 31) and

- BH research governance framework.

When conducting research relating to specific population groups, such as Aboriginal and Torres Strait Islanders communities, it is recognised that further reference to NHMRC documents such as Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research may assist institutions.

5. Research stages at Bendigo Health

To assist those conducting research at BH the following section breaks down the project into three stages, listing the activities that should take place in each stage and those responsible. The first of the three stages is that of project design, where ideas are formulated and the feasibility of the project is decided. The second includes all the background work leading up to and including the gaining of HREC approval and the third clarifies those activities associated with project delivery.

'A Guide to Research and Projects at Bendigo Health' contains information for those interested in health research but who are not quite sure how and where to start.

Stage 1: Project design (concept)

For further information please refer to Bendigo Health's Organisational Chart.

1. **Initial assessment of proposed research**

Responsible

- PI and Academic Supervisor (if relevant)
- BH Managers/Executive Directors

Activities

- Confirmation of the feasibility and alignment of the project design to BH's strategic plan and research agenda.
- Peer review of scientific, ethical and practical aspects of proposed project.
- Confirmation that BH has appropriate facilities and other infrastructure.
- Confirmation that BH is appropriately staffed to conduct the particular research and to conduct or support any necessary initial and ongoing training.
- Identification of any conflicts of interest.
- Preparation and review of risk management strategies.
- Identification of funding sources.
- Consideration of the suitability of the site for the project (i.e. access to adequate pool of participants).
- Establishment of communication between the PI and RGO to help streamline processes and reduce duplication.

Stage 2: Project authorisation (pre-commencement)

1. **Financial assessment of proposed research**

Responsible

- PI
- BH Managers/Executive Directors

Activities

- Review of the budget in preparation for final sign off by an appropriate finance authority (e.g. Business Manager, Head of Department/Supporting Departments).
- Completion of research grant processes (where applicable).
- Determination of fees or cost recovery mechanisms (if applicable) for internal and external service providers.

2. Risk management of proposed research

Responsible

- CPI
- PI
- BH Managers/Executive Directors

Activities

- Identification of potential risks of the proposed research activities to BH.
- Selection of the appropriate risk management strategy to manage risks, including consideration of risk transfer or sharing (e.g. appropriate insurance coverage).
- Provision of relevant indemnities, where required, based on the institutional risk profile and chosen management strategy for the given research project.

3. Assessment of legal and administrative requirements of proposed research

Responsible

- BH Managers/Executive Directors
- Relevant experts

Activities

- Confirmation of roles, responsibilities and accountabilities for all parties involved in the research project (including investigators, sponsors and participants).
- Affirmation of BH compliance with relevant guidelines, regulations, legislation and codes of practice (state and federal) including meeting obligations to the public or non-public collaborators, if any.
- Completion of an accepted standard clinical research agreement (where appropriate).
- Compliance with notification requirements under the Therapeutic Goods Act 1989.
- Compliance with requirement to register (where appropriate) clinical trials on a publicly accessible clinical trials registry that complies with the International Committee of Medical Journal Editors (ICMJE).
- Review (and completion) of contractual and other legal documentation and confirmation that documentation appropriately reflects the roles, responsibilities and obligations of each party.
- Establishment of agreements between collaborating institutions as described in the Code (e.g. conflicts of interest, defining shared roles and responsibilities).

4. Credentialing and supervision of proposed researchers

Responsible

- PI
- BH Managers/Executive Directors

Activities

- Confirmation that investigators and support staff have the appropriate qualifications, authorisation to practice and experience.
- Confirmation of arrangements for the supervision and mentoring of student/junior investigators.

5. Intellectual property (IP) arrangements covering proposed research

Responsible

- BH Managers/Executive Directors
- Relevant experts

Activities

- Assurance of protection for BH's intellectual property.
- Negotiation and settlement of issues about authorship, publication and potential commercialisation of research.

- Compliance with BH's policy on intellectual property.

6. Ethical review of application for proposed research and transmission of outcome of review

Responsible
- CPI/PI
- HREC/RGO

Activities
- Review and provision of an opinion on the extent to which the research proposal is ethically acceptable and compliant with ethical standards and guidelines (termed 'ethical approval' in the National Statement).
- Determination of the need for HREC review or an appropriate authorised alternate review process (e.g. for low risk research).
- Notification to relevant bodies (e.g. Therapeutic Goods Administration and the institutions participating in the research) of the outcome of ethical review.

7. Project authorisation

Responsible
- BH CEO or delegate
- RGO

Activities
- Assessment that each research governance activity, including site specific assessment and ethical approval, has been satisfactorily completed.
- Authorised research to commence in BH and notification provided to the CPI/PI.

Stage 3: Project delivery (post-authorisation to closure)

1. Monitoring of proposed research

Responsible
- BH Managers/Executive Directors
- HREC/RGO
- CPI /PI

Activities
- Monitoring and review of safety of all research participants and compliance with adverse event reporting requirements.
- Management of data management and storage.
- Management of privacy requirements and confidentiality of research data.
- Delivery of quality control processes (including supervision of staff and record-keeping).
- Training and/or mentoring of investigators regarding monitoring requirements.
- Monitoring of expenditure and budget.
- Demonstration that relevant BH staff understand and follow the process for information sharing between the institution, collaborating institutions and the HREC that conducted the review.
- The CPI has the lead role for communication between the PI at each institution and the reviewing HREC.
- Compliance with the requirements of and timeframes for reporting on project progress.
- Measurement of performance against agreed targets (where appropriate) and modification of processes as needed.

Section B

Procedures for research review at Bendigo Health

1. Research and the Role of Human Research Ethics Committees

In Australia, all medical and public health research is expected to comply with guidelines of the National Health and Medical Research Council (NHMRC) published in a *National Statement on Ethical Conduct in Research Involving Humans 2007 (Updated March 2014).* The NHMRC is the statutory authority for health related research in Australia and the National Statement is used by individual ethics committees as a guide to ethical considerations relevant to the review of research involving humans. The National Statement can be found at:

http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72_national_statement_march_2014_140331.pdf

BH's HREC acts as a committee for review of human research conducted at BH. The HREC's primary role is to protect the welfare and rights of participants in research. It is the responsibility of the HREC to review new research proposals, monitor existing research conducted at the Group and maintain a register of all research projects. The HREC meets monthly (excluding December & January) to consider all proposals for new research put before it, review existing proposals and discuss any other issues presented to it in correspondence. The HREC operates in accordance with the approved terms of reference.

1.1 What is research?

The National Statement states that there is no generally agreed definition of research; however it is widely understood to include at least investigation undertaken to gain knowledge & understanding or to train researchers. Human research is conducted with or about people, or their data or tissue.

1.2 What is ethics?

Ethics relates to the integrity of the researchers, including their commitment to research that is designed to contribute to knowledge, commitment to pursuit and protection of truth, commitment to research methods that are appropriate to the discipline, and honesty. Ethics also relates to four basic values:

1. Research merit and integrity – without this the involvement of human participants cannot be ethically justified.
2. Respect for persons – recognition that each human has value and this must inform all interactions between peoples.
3. Beneficence – maximising possible benefits and minimising possible harm.
4. Justice – who benefits from the research and who is burdened by it.

1.3 Do all projects at Bendigo Health require review by the HREC?

All research projects carried out in or under the auspices of Bendigo Health involving human subjects must have the prior approval either of Bendigo Health's HREC or an accredited HREC that has also been endorsed by the institution. If a project is not research but an audit or quality assurance activity then ethical review by the HREC is not usually required. However, if the proposed activity involves any potential breach of confidentiality or privacy, or raises ethical issues, then review by the HREC is necessary. There are also circumstances where ethical approval for these activities is required by external organisations, for example where there is an intention to publish the outcomes in a peer reviewed or professional journal.

Please note: as per the National Statement 5.1.22, research that involves the use of existing collections of data or records that contain only non-identifiable data about human beings is exempt from ethical review at BH. Non-identifiable data is data that have never been labelled

with individual identifiers or from which identifiers have been permanently removed, and by means of which no specific individual can be identified.

Figure 2 provides an overview of when HREC approval is required.

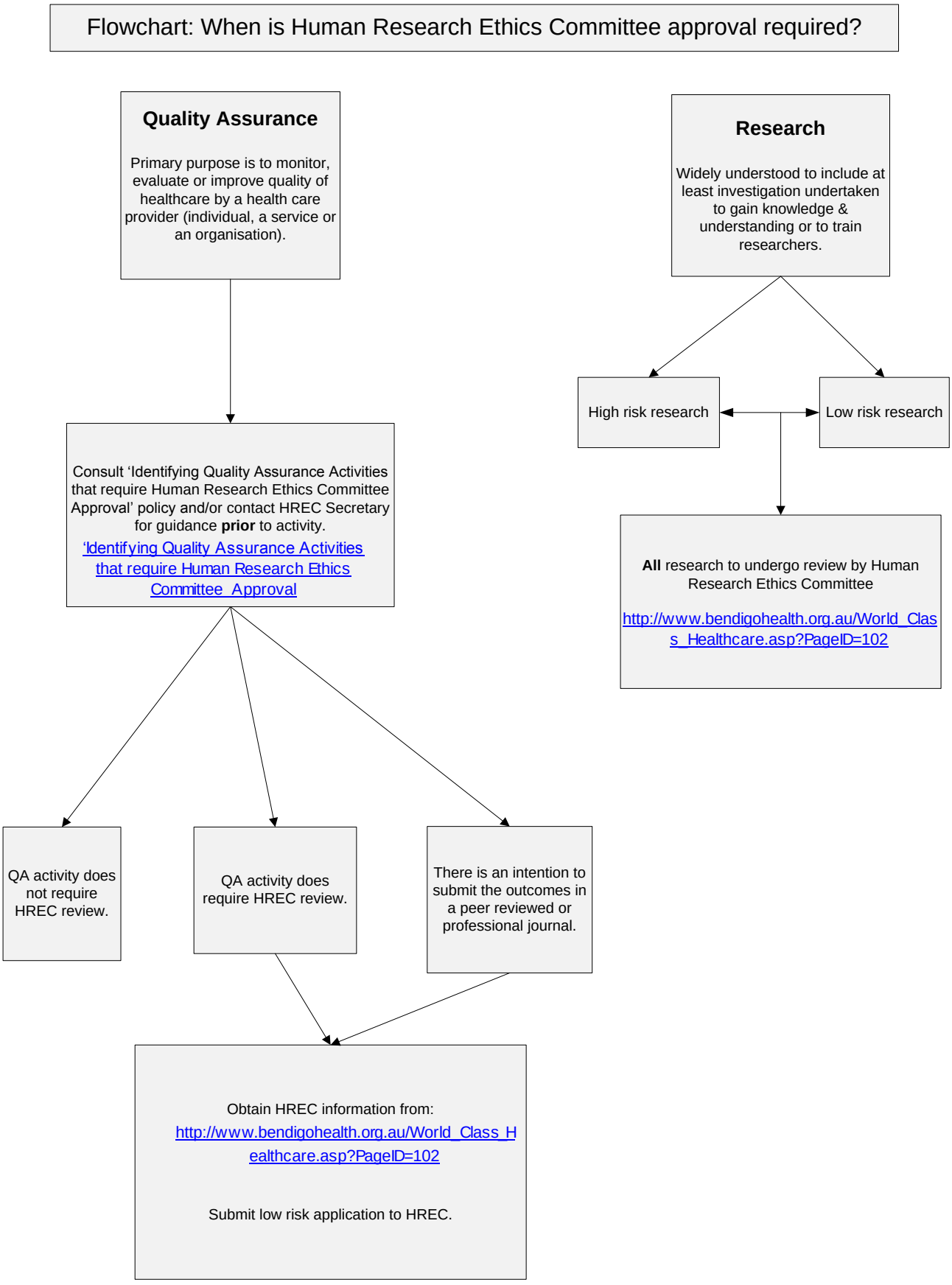

Figure 2. When is HREC approval required?

2. Authorisation of Research

2.1 Site-Specific Assessment (SSA)

Site-specific assessment is one aspect of research governance. A separate SSA application is required for each site at which a research project is to be conducted. BH is required to undertake SSA for all studies conducted at this institution. The process for ethics approval and SSA authorisation can be undertaken in parallel but note that SSA authorisation cannot be completed until HREC approval has been received. Please see the following pages for information regarding BH's HREC and authorisation process.

3. Bendigo Health HREC and authorisation process

Step 1: Access and review information regarding the BH HREC including links, templates and submission requirements at the following site:

http://www.bendigohealth.org.au/World_Class_Healthcare.asp?PageID=102

Step 2: For both high and low risk studies go to the Online forms website:

https://www.ethicsform.org/Au/Signin.aspx

Step 3: Complete either the NEAF or LNR application form according to the User Manual which is available at:

https://www.ethicsform.org/Au/Signin.aspx

Step 4: Ensure you have attached all relevant project documents (see User Manual 4.2, page 15).

Step 5: Generate a Submission Code (see User Manual 4.5, page 23). It is advisable to discuss your study with the BH Research Manager prior to finalising your application. See contact details below.

Step 6: Create a BH SSA (see User Manual 4.6, page 24). Most of the information will populate from the NEAF/LNR application form.

Step 7: Generate a Submission Code for the SSA (see User Manual 4.5, page 23).

Step 8: Send an email to the BH Research Manager (samccarthy@bendigohealth.org.au) attaching the NEAF/LNR application form, associated BH SSA and relevant attachments.

Step 10: Send hard copies of the NEAF/LNR application form, associated BH SSA and relevant attachments to the BH Research Office - contact details below. See submission requirements at
http://www.bendigohealth.org.au/World_Class_Healthcare.asp?PageID=102

Step 11: Prior to sending to the BH Research Office ensure you have obtained all the required signatures except that of the BH Research Manager and BH CEO/delegate.

Step 12: Prior to submission to the HREC the Research Manager will:

- check the application is complete and valid, including that all the required signatures have been obtained
- conduct an initial site specific assessment and governance check

Step 13: The Research Manager will organise submission to the HREC for ethical and scientific review. For low risk studies the review is conducted by a subcommittee of the HREC and the decision ratified at next full HREC meeting.

Step 14: Once ethical approval has been obtained the BH CEO/delegate will decide whether or not to authorise the study at BH.

Step 15: The BH Research Office will inform the CPI/PI and/or contact person of the HREC decision/s and those relating to authorisation.

Contact details of the BH Research Office:

Sally McCarthy
Research Manager
Collaborative Health, Education and Research Centre (CHERC)
Organisational Development and Improvement
Bendigo Health
PO Box 126 Bendigo Victoria 3552
p. 03 5454 6412 | f. 03 5454 6420

e. SAMcCarthy@bendigohealth.org.au

4. Research Application Parties and Signatures

NEAF/LNR/SSA	
Party	**Role**
CPI – Chief Principal Investigator PI – Principal Investigator/s	Researcher/s who is responsible for the research project at Bendigo Health. The CPI/PI is required to sign all HREC submission documents and also other related documents such as the CTN or CTRA.
Research team	Designated personnel who agree to undertake the project in keeping with the project protocol. All members need to sign HREC submission documents.
BH SSA	
Party	**Role**
Head of department	This certifies that there are suitable and adequate resources for the research to be conducted at BH, including 'actual costs' and 'in kind' contribution. *Note: Where a researcher is also head of department, certification must be sought from the person to whom the head of department is responsible. Researchers must not approve their own research on behalf of their department.*
Supporting department/s	Provides departmental (i.e. pharmacy, imaging, pathology) confirmation that the support or services required for this research project are available.
Executive Director/s	Confirms that the research project is appropriate to be undertaken within their division. This takes into consideration such resources as researcher skill, infrastructure requirements, budget and the management of the project within the division. If the project has direct implications for more than one division, then all relevant Executive Directors must provide this confirmation.
HREC	The ethics committee, who review, approve and provides ongoing oversight to approved projects.
CEO/CEO delegate	The BH CEO or delegate gives ultimate authorisation for a study to proceed at BH. This is after the HREC approval has been granted and through authorising documents such as research contracts (CTRA), indemnity and advice to the TGA. Consideration of whether the research is in line with BH's research agenda and possible organisational risk is also undertaken.
RGO	Confirms in writing that the project is authorised to commence, that there is HREC approval and CEO/ delegate authorisation.

Figure 3. Research Application Parties and Signatures

5. Streamlined Ethical Review

HREC review does not necessarily have to be obtained from BH. For multi-centre projects such as interventional clinical trials a national streamlined system of ethical review has been introduced. This system aims to provide a faster, more efficient process to conduct clinical

trials at multiple sites and speed up product development for world markets. It also aims to improve delivery of new treatments to patients earlier.

The national streamlined system for ethical and scientific review of multi-site research applies to research involving interventional clinical trials and includes drug and device trials that are conducted by:
- commercial sponsors
- collaborative groups/consortiums
- investigator initiated groups.

The scope includes interventional research involving a drug/device trial, radiation therapy, surgery, treatment or diagnostic procedure and studies associated with ongoing activities relating to trials that have been conducted. This may include observational research and evaluation of a trial, developing a registry and other post-marketing surveillance activities. It also includes clinical trials involving persons unable to provide consent (person responsible consenting on behalf of participant). Both adult and paediatric studies are included in the streamlined system. See the following link for further information.
http://health.vic.gov.au/clinicaltrials/

Other multi-centre health and medical research projects have recently been included in the streamlined system. In Victoria the streamlined system for ethical and scientific review of multi-site research projects applies to any form of human research, as defined in the National Statement on Ethical Conduct in Human Research (2007) for which an application must be made to an HREC for the purpose of conducting research at a public health organisation. This includes low and negligible risk review. See the following link for further information.
http://www.health.vic.gov.au/healthandmedicalresearch/ethicalreview.htm

Please note that in Victoria, research studies involving access to coronial material must be referred to the Victorian Institute for Forensic Medicine HREC.

Research studies involving persons in custody require review by the Justice HREC of Victoria.

5.1 Accredited reviewing HRECs

There are eight HRECs in Victoria accredited to provide ethical and scientific review for multi-site clinical trials. These reviewing HRECs are certified by the NHMRC.
These committees are at:
- Alfred Health
- Austin Health
- Melbourne Health
- Peter MacCallum Cancer Centre
- The Royal Children's Hospital
- Southern Health (A and B Committees)
- St Vincent's Hospital Melbourne.

5.2 Participating organisations

Victorian public health organisations such as BH have a formal agreement with the Victorian Department of Health regarding their participation in the streamlined system.
Details of other participating organisations are available from:

http://health.vic.gov.au/clinicaltrials/site-specific.htm

6. Single Ethical Review of Multi-Centre Research

In the streamlined approach to single ethical review, site assessment and project authorisation of multi-centre research are the responsibility of BH while ethical review is provided by only one HREC using certified ethical review processes. In order not to delay the commencement of research it is recommended that this assessment and authorisation takes place in parallel with ethical review.

It is helpful to consider project documentation related to site assessment as falling into three categories:

(a) that which can be assessed independent of ethical review, such as evidence of research qualifications, contracts, budgets and insurance and indemnity documents;

(b) that which is subject to ethical review, but can be submitted prior to or in parallel with ethical review to enable independent assessment of other documentation, such as initial project application documents; and

(c) that which can only be assessed subsequent to ethical approval, such as approved project application documents, fully signed regulatory documents and a certificate of ethical approval.

7. Multi-site Research Site Specific Assessment Submission and Review

7.1 Site-Specific Assessment (SSA)

Site-specific assessment is one aspect of research governance. A separate SSA application is required for each site at which a research project is to be conducted. BH is required to undertake SSA for all multi-site clinical trials and other health and medical research conducted at this institution.

The process for ethics approval and SSA authorisation can be undertaken in parallel but note that SSA authorisation cannot be completed until HREC approval has been received.

7.2 Required Documents

Pre–HREC Submission

These should be provided to BH PI by the CPI/Australian sponsor as soon as it is agreed that BH will participate in the research project. The PI should commence collecting and preparing site-specific documentation relating to the research governance process as soon as the pre-submission material is received from the sponsor. The PI should submit these documents (where relevant) to BH's Research Manager for research governance assessment as early as possible.

- Detailed budget (draft)
- The study protocol
- Standard Form of Indemnity
- Insurance Certificate
- CTN Form (copy only; original is submitted to the reviewing HREC)
- Clinical Trial Research Agreement (CTRA)
- Radiation assessment – Section 4 'Use of Ionising Radiation' and Medical Physicist's report
- Supporting service department approvals, e.g. nursing, health information, radiology/medical imaging, pathology, pharmacy

Post HREC Submission

- SSA Form (Victorian version)
- NEAF and NEAF-supporting documents
- Victorian Specific Module
- Detailed budget (final) signed by the site PI
- Master PICF(s)
- Site master PICF(s)
- Reviewing HREC Approval Letter
- Research governance cover letter
- Research governance checklist

Please note that the Research Governance review fee will be sent to the PI/contact person after the SSA has been received.

8. Bendigo Health Site Specific Assessment Procedure

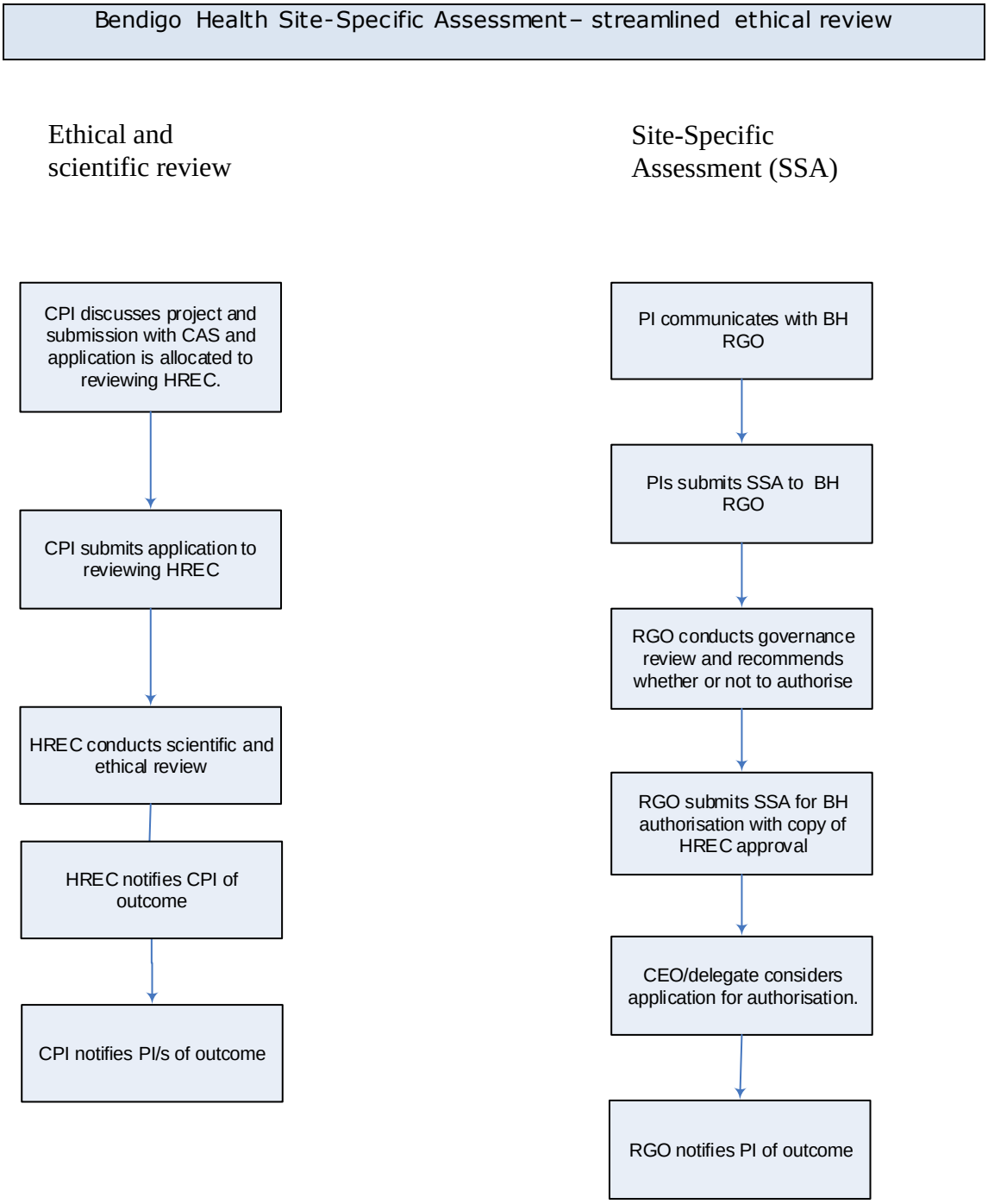

Figure 4. Bendigo Health Site Specific Assessment Procedure

Adapted from 'Streamlining clinical trials in Victoria', Victorian Department of Health, Feb2013.

9. Monitoring Approved Research

9.1 Institutional Responsibilities

Despite the introduction of single ethical review for some multi-centre research projects, institutions such as BH have a substantial monitoring role and significant monitoring responsibilities in partnership with researchers and HRECs.

Authorising institutions such as BH have a responsibility for monitoring the conduct of a research project in order to ensure that projects that they authorise are conducted with integrity and in compliance with relevant requirements. Consequently, BH has a responsibility to:

• ensure that it exercises appropriate quality control over a research project such that researchers or other staff over whom it has authority conform to any contracts and agreements and comply with any relevant internal or external policies

• ensure that it has an opportunity to consider any changes to a research project that have implications for its capacity to support the conduct of the project in accordance with any ethical and administrative requirements

• have some role in protecting the safety and welfare of participants in the research via notification of relevant information from appropriate parties

• ensure that data collected and used are properly secured and that project records are properly kept

• ensure that financial matters related to a research project (e.g. budgets and grants) are being properly managed

• oversee the conduct of the project via receipt of progress reports on at least an annual basis during the active phases of the research project

• oversee the conduct of the project via the receipt of final reports on the research project

• ensure that project closure proceeds in accordance with any contractual or internal site requirements

• ensure that research outcomes that are published are notified to the institution

• ensure that any complaints raised by participants in the research, allegations of research misconduct or potential post-project authorisation conflicts of interest are properly investigated and that any resulting recommendations are implemented and, if appropriate, notified to the reviewing HREC and

• ensure that any special conditions that it has imposed at the time of project authorisation are met.

9.2 HREC responsibilities

The BH HREC has an obligation to ensure that any changes in the benefit/risk balance of a study are compatible with continued ethical approval and the conditions of ethical approval (see Appendix 1, p31).

To support the requirements outlined in sections 3.3.18 – 3.3.23 and 5.2 of the National Statement, the BH HREC:

- must be aware of the proposed monitoring arrangements as part of the approval process, and
- should be satisfied, that through the collaboration of the institution, sponsor and investigators that those processes are commensurate with the risk, size and complexity of the proposed research.

To assist in fulfilling its obligations the HREC may also use the following mechanisms during the conduct of the study:

A. Use monitoring arrangements described in the trial protocol by the sponsor. These could include one or more of the following:

- a pharmacovigilance group in a company-sponsored clinical trial
- a trial management committee
- a data safety monitoring board
- a simpler but separate review process for investigator or collaborative sponsored trials

B. Conduct review of safety information within the HREC if it believes it has sufficient resources and expertise at that time.

C. Conduct audits on existing projects. This is likely to be a targeted rather than a routine activity because this would significantly add to the existing high workload of HREC members.

9.3 Principal Researcher responsibilities

Additionally, once ethical approval and site authorisation has been given, the Principal Researcher is responsible for:

- the submission of a progress report to the HREC on each of their projects at least yearly and at the conclusion of the project. Failure to submit a progress report may mean ethical approval for the project will lapse
- informing the committee if the project is discontinued before the expected date of completion
- reporting immediately to the committee anything which might affect the ethical acceptance of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the project
- giving formal notification to the committee of any subsequent variations or modifications for further consideration and approval. If the committee considers that the proposed changes are significant, the researcher may be required to submit a new application for approval of the revised project.

10. Clinical Trials Adverse Event Reporting

As described in the National Statement (Section 5.5, Monitoring approved research and Sections 3.3.19 – 3.3.23, Monitoring of approved clinical trials) the ultimate responsibility for monitoring the conduct of approved research rests with institutions and HRECs.

BH's adverse event reporting requirements are based on the NHMRC, Australian Health Ethics Committee (AHEC) Position Statement 'Monitoring and reporting of safety for clinical trials involving therapeutic products' (May 2009). This clarifies the responsibilities of all parties in relation to the reporting of adverse events (AEs), including serious adverse events (SAEs), suspected unexpected serious adverse reactions (SUSARs) and serious adverse device effects (SADEs) occurring in clinical trials for which institutions are responsible and that HRECs have reviewed and given ethical approval.

The requirements listed below specify the minimum reporting requirements. Depending on the complexity, design and perceived risk BH and/or the HREC may require additional information to be submitted.

10.1 Investigator/researcher responsibilities

All investigators/researchers must capture and report AEs, including SAEs, SUSARs and SADEs, which occur at BH to the sponsor in accordance with the study protocol.

All investigators/researchers must report all SAEs to the sponsor immediately (within 24 hours) in accordance with the study protocol and GCP guidelines as adopted by the TGA.

If the investigator/researcher is also the study sponsor, see sections below for additional responsibilities.

For each trial, the investigator/researcher *must also provide*:

Within 24 hours of the PI becoming aware of the event	• to BH's HREC – AEs or SAEs occurring at BH which are possibly, probably or definitely related to participation in the clinical trial and – patient death occurring at BH, regardless of the relationship to the clinical trial and – other events not covered by the above, including protocol defined endpoints, if it impacts on the research and action is planned or there are ethical implications. – Do NOT report events where there is no relationship to the trial or no impact, as determined by the PI. File in the participant research file.
In a prompt manner	• to BH's HREC – information which materially impacts the continued ethical acceptability of the trial or – information that requires, or indicates the need for, a change to the trial protocol, including changed safety monitoring in the view of the investigator or sponsor.

At least six-monthly	• to BH's HREC – listing of all SUSARs, Australian and international, occurring with a compound – including sponsor and investigator comment as to whether action is planned for the trial on the basis of the reports – EU format is acceptable.
At least annually	• to BH's HREC – an updated Investigator Brochure, or – an EU ASR (or similar format report), or – current, approved Product Information (PI), if appropriate (e.g. in a study for a product approved in Australia or where an Investigator Brochure is no longer maintained) – other reports consistent with section 5.5.5 of the National Statement and Good Clinical Practice (GCP) as adopted by the Therapeutic Goods Administration (TGA).

Regarding annual reports:

• for each report include sponsor and investigator comment as to whether action is planned for the trial on the basis of the reports

• for trials that are investigator or collaborative group sponsored in which an IB, EU ASR or PI are not available, then a trial update may be submitted that provides appropriate review of safety information in the previous 12 months

• when sponsors need to provide some or all of this information to the investigator, sponsors need to include clear advice as to whether the information requires or indicates the need for a change in the trial protocol including changed safety monitoring

• to enable investigators to fulfil their responsibilities to institutions, sponsors need to respond to requests from investigators for clarification of such advice or information

• when investigators report this information to the institution they should provide their own opinion in regard to potential impact on ethical acceptability and need for action

• the timing of ASR production by sponsors and the progress report to the ethics committee by an investigator may be asynchronous.

Additionally, all investigators/researchers must capture and report protocol violations/deviations. For each trial, the investigator/researcher must also provide:

In a prompt manner	• to BH's HREC – a report if, in the opinion of the PI, the violation/deviation materially impacts on the continued ethical acceptability of the trial and – any action planned for the trial on the basis of this report.

10.2 Sponsor responsibilities

Sponsors have a significant role in supporting investigators/researchers in meeting their obligations for safety reporting to institutions.

In a prompt manner, sponsors must communicate to investigators information which could adversely affect the safety of subjects, materially impact the continued ethical acceptability of the trial or that requires (or indicates the need for) a change to the trial protocol, including changed safety monitoring.

Sponsors should:

- establish safety monitoring processes that are commensurate with the risk, size and complexity of the proposed research
- be in regular communication with the investigators
- keep investigators up to-date with safety issues in a trial in a manner that is consistent with the risk, size and complexity of the proposed research
- provide to investigators the periodic information listed in the table above to facilitate investigator submission to the HREC.

ONLY IF the investigator, HREC or sponsor consider it to be necessary because of the risk, size or complexity of the proposed research, is the sponsor required routinely to send individual SUSARs from Australian or international sites to investigators.

Reporting to the TGA

Sponsors are responsible for reporting individual case safety reports (ICSR) to the TGA in accordance with expedited reporting guidelines.

In investigator or collaborative group sponsored studies, responsibility for reporting adverse reactions to the TGA rests with the investigator or collaborative group.

Section C

Bendigo Health's Policies and Procedures HREC Standard Operating Procedures (SOPs) Useful Documents and Tools

1. BH HREC Policies and Procedures

Conduct of Human Research Policy

HREC Terms of Reference

HREC Appeals Protocol

Human Research Complaints Policy

Human Research Complaints Procedure

Flowchart: When is Human Research Ethics Committee approval required?

Identifying Quality Assurance Activities that require Human Research Ethics Committee Approval

Intellectual Property Policy

2. BH HREC SOPs

HREC Function	SOP 001
Appointment of HREC members	SOP 002
Orientation of New HREC members	SOP 003
HREC Meeting Format and Frequency	SOP 004
HREC Decision Making	SOP 005
Preparation of HREC agenda	SOP 006
Preparation of HREC minutes	SOP 007
HREC Record Keeping	SOP 008
Submission procedure for new applications	SOP 009
Processing of applications for review	SOP 010
Low Risk Research (Expedited Review)	SOP 011
Adverse Event Reporting & Handling	SOP 012
Monitoring of Approved Research	SOP 013
Suspension or Withdrawal of HREC Approval	SOP 014
HREC Reporting Requirements	SOP 015

3. Useful Documents and Tools

3.1 BH documents

Bendigo Health Education and Research Annual Report

Bendigo Health Research Agenda 2014

Bendigo Health Organisational Chart

3.2 Bendigo Health HREC Conditions of Approval (Appendix 1)

a. Limit of Approval: approval is limited strictly to the research proposal as submitted in your application. In addition, approval by the HREC does not guarantee that an individual BHCG unit or service will agree to provide resources or support to your research. Such assistance will need to be negotiated separately.
b. Start date: You are responsible for advising the HREC of the date when the project starts at this site.
c. Variation to Project: any subsequent variations or modifications you might wish to make to your project must be notified formally to the committee for further consideration and approval. If the committee considers that the proposed changes are significant, you may be required to submit a new application for approval of the revised project.
d. Incidents of Adverse Effects: researchers must report immediately to the committee anything which might affect the ethical acceptance of the protocol including adverse effects on subjects or unforeseen events that might affect continued ethical acceptability of the project.
e. Progress Reporting: please be aware that the Human Research Ethics Committee requires all researchers to submit a report on each of their projects yearly and at the conclusion of the project. Failure to submit a progress report may mean approval for this project will lapse. Researchers must inform the committee if the project is discontinued before the expected date of completion. The first and/or final progress report for this project is due on dd/mm/yyyy. Please refer to Bendigo Health HREC website for template. http://www.bendigohealth.org.au/World_Class_Healthcare.asp?PageID=12
f. Auditing: all projects may be subject to audit by members of the committee.
g. Research Reports: please be aware that Bendigo Health reserves the right to include research project information in internal research reports.
h. Please ensure that any requests to extend HREC approval are submitted at least **twelve weeks** prior to the date of HREC approval expiry.

.

3.3 New Researcher Checklist

Bendigo Health's Human Research Ethics Committee
Induction, Training & Accreditation
Document: New Researcher Checklist.
Implementation Date: 1st January 2015

New Researcher Checklist.

Section 1 – Employee (New Starter) Details *Manager to complete all sections*

Full Name:		Position / Title :	
Type of Position:	❑ Existing ❑ New	Proposed Start Date:	
Classification:	❑ Permanent Full Time ❑ Permanent Part-Time ❑ Casual		
Generic Job Description:	❑ Yes ❑ Requires Updating ❑ To be created		
Primary Site:			
Manager's Full Name:		Position / Title :	

Section 2 – Access to Key information

No.	Description	Required	Completed
2.1	Ensure new employee has access to National Statement on Ethical Conduct in Human Research 2007	Yes / No / NA	❑
2.2	Ensure new employee has access to research protocol(s) & investigational brochure(s) relevant to their work	Yes / No / NA	❑
2.3	Ensure new employee has access to Bendigo Health policies & SOPs	Yes / No / NA	❑
2.4	Ensure new employee has access to Australian Clinical Trial Handbook TGA 2006	Yes / No / NA	❑
2.5	Ensure new employee has access to Access to Unapproved Therapeutic Goods – Clinical trials in Australia TGA 2009	Yes / No / NA	❑
2.6	Ensure new employee has access to Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) annotated with TGA comments TGA 2000	Yes / No / NA	❑
2.7	Ensure new employee has access to Australian Code for the Responsible Conduct of Research NHMRC 2007	Yes / No / NA	❑
2.8	Ensure new employee has access to Privacy Act 1988	Yes / No / NA	❑

Section 3 – Qualifications/Registration

No.	Description	Required	Completed
3.1	Identification Check (Passport, Driver's License / Photo Identification)	Yes / No / NA	❑
3.2	Copies of Qualifications (Degrees etc.) requested	Yes / No / NA	❑
3.3	Medical Board Registration # _____	Yes / No / NA	❑
3.4	Hospital Honorary Appointment requested	Yes / No / NA	❑

.

3.5	Nursing Board Registration # _____	Yes / No / NA	❑
3.6	Pharmacy Board Registration # _____	Yes / No / NA	❑
3.7	Visa requirements met – Visa Type _____	Yes / No / NA	❑

Comments:

Name / Signature of Manager: _____ Date: _____/_____/_____

☞ *File completed form in employee training file*

.

3.4 New Research Team Checklist

Bendigo Health's Human Research Ethics Committee
Induction, Training & Accreditation
Document: New Research Team Checklist.
Implementation Date: 1st January 2015

New Research Team Checklist

Section 1 – Team Details *Manager to complete all sections*

Research Team Name			
Primary Site :			
Responsible Manager's Name :		Position / Title :	

Section 2 – Administrative Information

No.	Description	Required	Completed
2.1	Prepare membership list of research team	Yes / No / NA	❑
2.2	Prepare contact list	Yes / No / NA	❑
2.3	Obtain any relevant departmental approvals	Yes / No / NA	❑
2.4	Create research accounts (where applicable)	Yes / No / NA	❑
2.5	Prepare team charter or contract (where applicable)	Yes / No / NA	❑
2.6	Organise/assign desk and/or working space	Yes / No / NA	❑

Section 3 – Team start-up

No.	Description	Required	Completed
3.1	Assess team skills and experience to conduct the research to be undertaken	Yes / No / NA	❑
3.2	Introduce new team members to as many staff members as possible	Yes / No / NA	❑
3.3	Provide a tour of the [department / facility / site]	Yes / No / NA	❑
3.4	Request an updated Employee CV including details of new position (if required)	Yes / No / NA	❑
3.5	Develop Training Plan (if required)	Yes / No / NA	❑
3.6	If members are to work at multiple sites, organise a Facility Orientation for other sites	Yes / No / NA	❑

Section 4 – Access to Key information

No.	Description	Required	Completed
4.1	Ensure team has access to National Statement on Ethical Conduct in Human Research 2007	Yes / No / NA	❑
4.2	Ensure team has access to Research Governance Office & HREC SOPs	Yes / No / NA	❑
4.3	Ensure team has access to Bendigo Health policies & SOPs	Yes / No / NA	❑
4.4	Ensure team has access to Australian Clinical Trial Handbook TGA 2006	Yes / No / NA	❑
4.5	Ensure team has access to VMIA Guidelines for Clinical Trials for Victorian Public Hospitals 2009	Yes / No / NA	❑
4.6	Ensure team has access to Access to Unapproved Therapeutic Goods – Clinical Trials in Australia TGA 2004	Yes / No / NA	❑

.

4.7	Ensure team has access to Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) annotated with TGA comments TGA 2000	Yes / No / NA	❑
4.8	Ensure team has access to Australian Code for the Responsible Conduct of Research NHMRC 2007	Yes / No / NA	❑
4.9	Ensure team has access to Privacy Act 1988	Yes / No / NA	❑

Name / Signature of Manager: _____ Date: ____/_____/_____

☞ *File completed form in employee training file*

.

3.5 Researcher Self-Accreditation Checklist

Bendigo Health's Human Research Ethics Committee
Induction, Training & Accreditation
Document: Researcher Self-Accreditation Checklist.
Implementation Date: 1st January 2015

Researcher Self-Accreditation Checklist.

Section 1 – Researcher Details *Researcher to complete all sections*

Researcher's Full Name:		Position / Title :	
Primary Site:			

Section 2 – Compliance with guidelines for responsible research conduct
(completed by researcher about themselves)

No.	Description	Required	Completed
2.1	If I left suddenly, my project could be completed or replicated because the documentation for my projects is up to date, accessible, clearly ordered and comprehensible. The Principal Researcher knows where to find all relevant documentation and has been provided with the passwords to the databases.	Yes / No / NA	❑
2.2	I am conducting the study in accordance with the protocol approved by the relevant ethics committee. Any modifications have been reported to the committee and the relevant documents updated.	Yes / No / NA	❑
2.3	I am appropriately qualified to conduct the trial.	Yes / No / NA	❑
2.4	I have obtained signed consent forms from all participants (where applicable) and stored these securely. They are available for audit.	Yes / No / NA	❑
2.5	I have reported all serious and unexpected adverse incidents to the BH Research Office.	Yes / No / NA	❑
2.6	I have provided all study participants with a copy of the Participant Information sheet approved by the relevant ethics committee.	Yes / No / NA	❑
2.7	I have provided a translator and/or a translated copy of the Participant Information sheet in his/her own language to all non-English speaking participants.	Yes / No / NA	❑
2.8	I have received relevant ethics committee approval for all public advertising material that seeks volunteers to participate in the study.	Yes / No / NA	❑
2.9	Approaches to potential participants have been made only by the individuals with full knowledge of the study protocol and of the risks and inconveniences associated with participation (and approved by the relevant ethics committee).	Yes / No / NA	❑
2.10	All paper-based questionnaires have the identifying information removed immediately after processing and are then identifiable only by a code. The 'code-key' is stored separately under lock and key at all times.	Yes / No / NA	❑
2.11	All principal computer files containing study data are stored on a secure network drive where they are regularly backed up.	Yes / No / NA	❑
2.12	All computer files containing study data are protected by passwords.	Yes / No / NA	❑
2.13	No personal identifying information has been transferred to portable drives including USB sticks or portable computers.	Yes / No / NA	❑
2.14	Participants know who to contact if they have a question, complaint or an emergency.	Yes / No / NA	❑
2.15	There is a regular meeting of the study team including the Principal Researcher/s to discuss the progress of the study and a record of these meetings is maintained.	Yes / No / NA	❑

.

Comments (refer to those items marked N/A or no):