



ST JOHN OF GOD
Health Care

Research Handbook

and [Useful Forms](#)

**Research Governance Framework and
Guidelines for Conducting Human Research
at St John of God Health Care**

Version 6.2

Last Updated October 2020

PREAMBLE

The *SJGHC Research Handbook* has been compiled to facilitate and streamline the process of conducting human research at St John of God Health Care (SJGHC), from initial approval through to completion. It provides information to researchers on the SJGHC research governance framework, including how to obtain initial and ongoing approval for research at SJGHC. The *SJGHC Research Handbook* contains the Terms of Reference of the SJGHC Human Research Ethics Committee (HREC) and details the guidelines, policies, procedures and other reference material for an understanding and appreciation of the implications of research and research conduct at SJGHC.

The *SJGHC Research Handbook* should be read by all researchers intending to conduct human research at SJGHC. Researchers should also familiarise themselves with the following key documents:

1. *National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) [latest edition]
2. *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (CHA, 2001)
3. *Australian Code for the Responsible Conduct of Research* (NHMRC, 2018)
4. Section 95(A) of *Privacy Act* (1988) Cth (2014)

The SJGHC Research Handbook will be revised on a regular basis and is intended to be used as a reference document only. Please do not print it out. Individual forms, checklists and documents may be downloaded from the SJGHC website. Please refer to this website regularly to ensure that the latest versions of forms/documents are used.

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List of Abbreviations

A&TSI	Aboriginal & Torres Strait Islander
ACHS	Australian Council of Health Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACU	Australian Catholic University
AHEC	Australian Health Ethics Committee
ANZCTR	Australian New Zealand Clinical Trials Registry
APP	Australian Privacy Principles
ARC	Australian Research Council
ASR	Annual Safety Report
CAPA	Corrective and Preventive Actions
CEO	Chief Executive Officer
CHA	Catholic Health Australia
CIRA	Clinical Investigation Research Agreement
CPI	Co-ordinating Principal Investigator
CPT	Common Protocol Template
CRM	Clinical Risk Management
CRG	Collaborative or Cooperative Research Group
CRO	Contract Research Organisation
CT	Computed Tomography
CTN	Clinical Trial Notification
CTRA	Clinical Trial Research Agreement
CTX	Clinical Trial Exemption
DOHWA	Department of Health Western Australia
EO	Executive Officer
EQUATOR	Enhancing the QUALity and Transparency Of health Research (Network)
EQUIP	Evaluation and Quality Improvement Program
GCP	Good Clinical Practice
GCRP	Good Clinical Research Practice
GST	Goods and Services Tax
HR	Human Resources
HREA	Human Research Ethics Application Form
HREC	Human Research Ethics Committee

IB	Investigator's Brochure
ICH-GCP	International Conference of Harmonisation - Good Clinical Practice
ICMJE	International Committee of Medical Journal Editors
ICT	Information and communication technology
IDMC	Independent Data Safety Monitoring Committee
IP	Intellectual Property
LOD	Learning and Organisation Development
MRI	Magnetic Resonance Imaging
MTA	Material Transfer Agreement
MTAA	Medical Technology Association of Australia
NHMRC	National Health and Medical Research Council
NSQHS	National Safety and Quality Health Service (Standards)
PI	Principal Investigator or Product Information
PICF	Participant Information and Consent Form
PSOA	Participating Site Operational Approval
QA	Quality Assurance
QI	Quality Improvement
SAE	Serious Adverse Event
SJG	St John of God
SJGHC	St John of God Health Care
SOP	Standard Operating Procedure
SPIRIT	Standard Protocol Items: Recommendations for Interventional Trials
SRC	Scientific Review Sub-committee
SSI	Significant Safety Issue
SUSAR	Suspected Unexpected Serious Adverse Reaction
TGA	Therapeutic Goods Administration
USADE	Unanticipated Serious Adverse Device Effect
VSM	Victorian Specific Module
WAAHEC	Western Australian Aboriginal Health Ethics Committee
WASM	Western Australian Specific Module
WHO ICTRP	World Health Organisation International Clinical Trials Registry Platform

SJGHC Policy for Accepting Another Institution's Ethics Review & Pathways of Ethical Review

POLICY FOR ACCEPTING ANOTHER INSTITUTION'S ETHICS REVIEW

All research proposed to be conducted at a SJGHC site (or in a SJGHC tenancy i.e. with SJGHC accredited clinicians in their private rooms) and/or involving SJGHC patients/staff/data should be submitted to the SJGHC HREC for prior approval. The SJGHC HREC will observe the Statement of Philosophy and Statement of Medico Moral Principles (Bishops of Western Australia) and the Code of Ethical Standards (Catholic Health Australia, 2001) as it applies to human experimentation and human research ("research").

There are different pathways for review and recognition depending on the risks associated with a given research proposal and what prior approval a research proposal already has. Researchers should refer to these pathways and the associated forms in completing their submissions to the SJGHC HREC.

SJGHC is certified under the NHMRC Certification Scheme to review multicentre research and the Thus, SJGHC HREC as an NHMRC "Certified HREC" can provide ethical review and oversight for multicentre research which other institutions can choose to accept without the need for further review. This Scheme is to be differentiated from the National Mutual Acceptance (NMA) Scheme whereby Australian state/territory health departments mutually accept the ethical and scientific review of multicentre research proposals undertaken in the public health sector. SJGHC as a private institution is not a party to the NMA.

There are circumstances where SJGHC will accept the scientific and/or ethical review of a prior HREC (and in the latter case acknowledging said Certified HREC's prior ethics approval) and a previously approved study will undergo expedited review – *refer [Pathway for Previously Approved Studies on page 3 below](#)*. For details on the circumstances under which SJGHC will accept another institution's ethical review refer to the [SJGHC's Checklist for New Submissions Expedited Review](#). It is not a strict requirement that all criteria in the Checklist are fulfilled. For further advice, researchers should discuss their research proposal directly with the SJGHC Ethics Office before making a submission.

The following types of research require both SJGHC HREC approval and approval from another specialised HREC before commencement:

1. Research proposals where Aboriginality is a key determinant or is explicitly directed at Aboriginal people, must be reviewed by the Western Australian Aboriginal Health Ethics Committee (WAAHEC) as well.
2. All research projects that require the use and disclosure of personal information from the Department of Health data collections or data linkage must be reviewed by the Department of Health WA Human Research Ethics Committee.

For research conducted by students as part of a higher tertiary degree ("student research"), students should ensure that their Supervisor(s) have signed off on the submission paperwork to the SJGHC HREC and that ethics approval is also obtained from the relevant University/tertiary educational institution (either prior or following SJGHC HREC approval) before commencing the research. A copy of the University/tertiary educational institution HREC approval should be provided to the SJGHC Ethics Office for completion of records.

PATHWAYS OF ETHICAL REVIEW

The following forms of approval are required before a research project can commence at SJGHC:

PARTICIPATING SITE OPERATIONAL APPROVAL

All submissions, regardless of level of risk, require Participating Site Operational Approval before research can commence at SJGHC. This is obtained by completing a Participating Site Operational Approval Form (PSOA) which should be signed by the head of all relevant departments/services (e.g. health records) to be utilised in the research project and the Divisional CEO/relevant director. The PSOA functions as governance approval for the study.

LEGAL APPROVAL (IF APPLICABLE)

All studies that are “More than Low Risk” also require approval by SJGHC Legal Services of the insurance, indemnity and contractual arrangements for the research. Some “Low Risk” studies may also benefit from a legal agreement prior to commencement, e.g. when there is a possibility that significant new Intellectual Property (IP) will be created by the project. For other studies, an indemnity may suffice e.g. where an external researcher (e.g. student) plans to work on site at SJGHC in the course of their research, a Certificate of Insurance from the university should demonstrate appropriate cover. The SJGHC Ethics Office can be contacted for any initial queries regarding legal agreements, insurance and indemnity requirements as well as the legal approval process.

ETHICAL APPROVAL

All submissions, regardless of level of risk, require ethical approval (whether via full review or expedited review) before research can commence. Ethical approval is granted in writing by the SJGHC HREC within approximately a week of the HREC meeting/out of session review, and confirms that the research proposal is ethically viable.

“More than High Risk” projects undergo a full review process: these are first tabled at the Scientific Review Sub-committee (SRC), which review studies for scientific merit, validity and safety. The SRC meets approximately a month prior to the HREC, to allow researchers to reply to any major queries.

“Low risk” research (broadly defined as research where the only foreseeable risk is discomfort) and “More than High Risk” research previously approved by an NHMRC-accredited HREC (as per the Checklist for New Submissions - Expedited Review) may undergo an expedited review process.

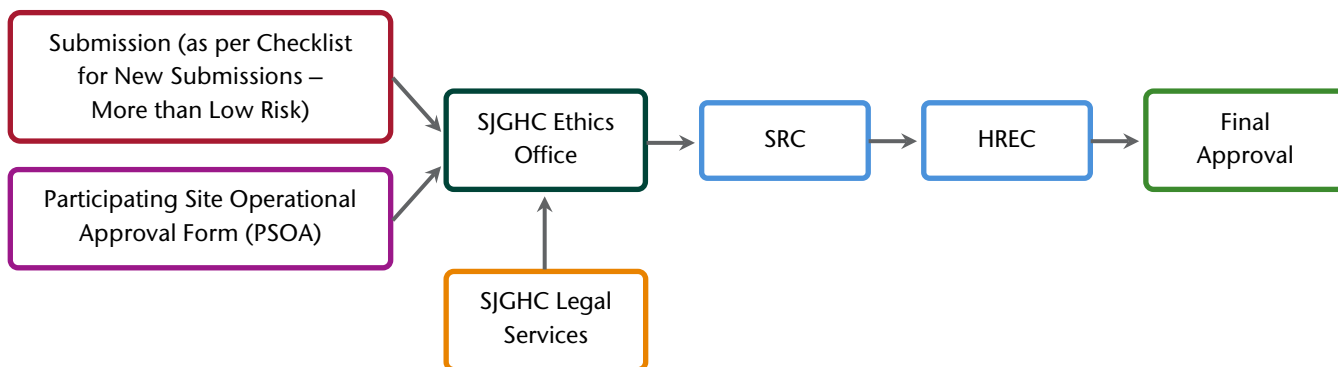
“Negligible risk” research (broadly defined as research where there is no foreseeable risk of harm or discomfort) is reviewed for approval out of session by the Chair of the SJGHC HREC, and then tabled at the next HREC meeting for the information of the Committee only.

NOTE: For case studies, researchers should submit their case study along with any participant information and consent form (PICF) and this will be reviewed out of session by a select member(s) of the SJGHC SRC/HREC and approved by the Chairman of the SJGHC HREC (as delegated authority), and then tabled at the next HREC meeting for the information of the Committee only.

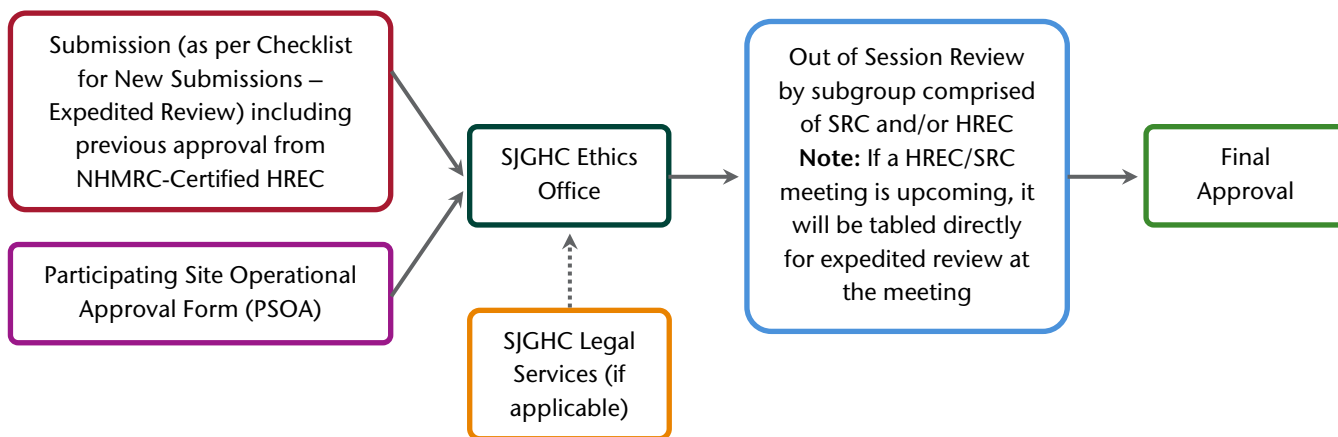
FINAL APPROVAL

All submissions, regardless of level of risk, require final approval before commencement. The SJGHC Group Director Medical Services and Clinical Governance (as the delegate of SJGHC) confirms final study approval in writing once Ethical Approval, Participating Site Operational Approval and Legal Approval (if applicable) have been granted. As the SJGHC Ethics Office keeps a record of all these approvals, it is important that all approvals are communicated to the SJGHC Ethics Office.

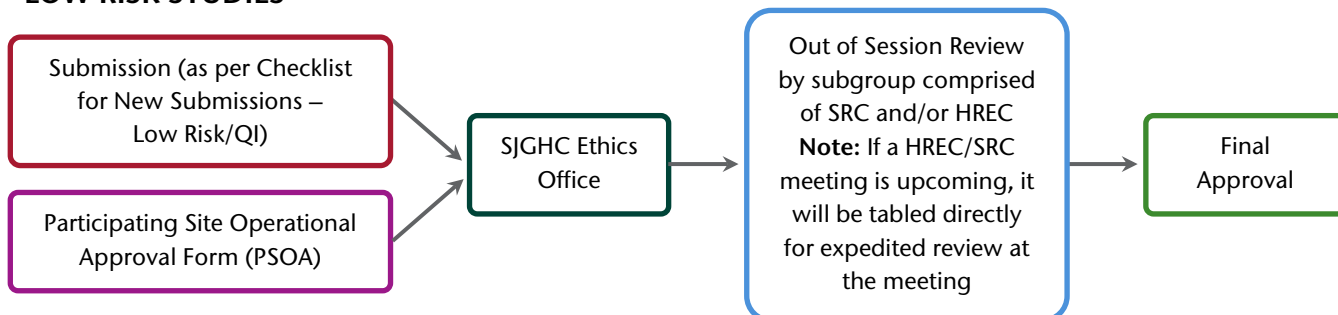
MORE THAN LOW RISK STUDIES



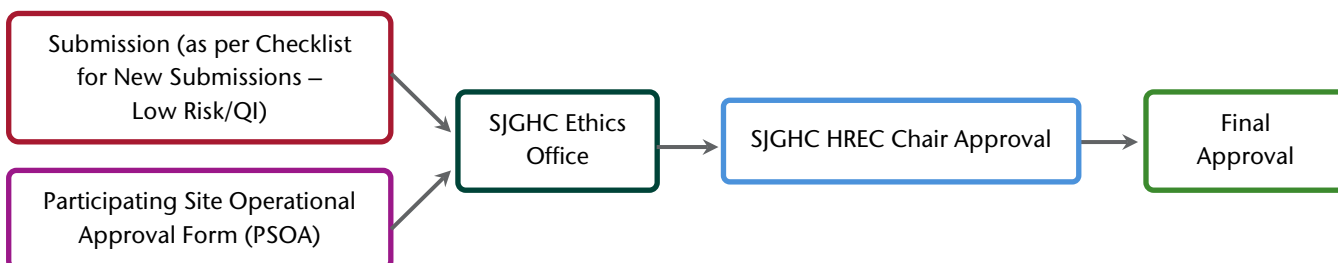
PREVIOUSLY APPROVED STUDIES



LOW RISK STUDIES



NEGLIGIBLE RISK STUDIES



SJGHC Human Research Ethics Committee Terms of Reference

AIM

The St John of God Health Care Human Research Ethics Committee (“the Committee”) aims to facilitate and support the development of a strong culture of research ethics within the organisation.

PHILOSOPHY

St. John of God Health Care (SJGHC) is a ministry of the Catholic Church and has the dignity of all human life at the core of its Mission and Values. The Committee is committed to observing the *Statement of Philosophy and Statement of Medico Moral Principles* (Bishops of Western Australia) and the *Code of Ethical Standards* (Catholic Health Australia, 2001) as it applies to human experimentation and human research (“research”).

The Committee is an approved Human Research Ethics Committee (HREC) properly constituted and operating in accordance with National Health and Medical Research Council (NHMRC) guidelines. It is guided by the *National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) [latest version] and subsequent editions (“the National Statement”), the *Australian Code for the Responsible Conduct of Research* (NHMRC, 2018) (“the Code”) as well as other relevant codes and regulatory requirements.

The Committee and the Scientific Review Sub-Committee (SRC), along with researchers and SJGHC (as the organisation) share the responsibility for the ethical design, review and conduct of research. However, ultimate accountability for research – ethical acceptability and research governance (i.e. scientific quality, safety, privacy, risk management, financial management and operational management) rests with SJGHC. The *SJGHC Research Handbook* (latest edition) details the SJGHC Research Governance Framework.

ACCOUNTABILITY

The Committee is accountable to the SJGHC Governing Board via the Group Chief Executive Officer (“Group CEO”).

ROLE

The Committee has two key roles:

2. a research ethics role for SJGHC Divisions; and
3. a national research ethics role as a “reviewing HREC” committed to facilitate the efficient and effective ethical review of (multi-centre) research conducted throughout Australia. Specifically, SJGHC’s certification status under the NHMRC National Certification Scheme of Institutional Process Related to the Ethical Review of Multi-centre Human Research, means that the Committee can conduct a single ethical review for other Australian institutions/researchers of their research/multicentre research in the following categories: Clinical Trials Phase 0, I, II, III and IV, clinical trials drugs and devices, clinical trials surgery, clinical trials other, clinical interventional research other than clinical trials, population health and/or public health, qualitative research,

mental health and other health and medical research including genetic, pathology/biobank studies.

PURPOSE

The purposes of the Committee are:

1. To promote ethical decision-making in research within SJGHC that is guided by Catholic moral principles and values, through:
 - a. policy and protocol review and development for the whole of SJGHC
 - b. addressing issues of research ethics
2. To encourage a culture of research ethics within SJGHC through:
 - a. raising awareness and understanding of research ethics issues
 - b. providing caregivers and researchers with guidance on the conduct of ethical, high quality research
 - c. encouraging caregivers and researchers with both conducting and participating in research and the translation of research results into improvements in health care and health service management.
3. To formally review for ethical approval research proposals to be conducted at SJGHC and at any other organisation where it has been agreed that the Committee will conduct such review on its behalf.
4. To work as part of the SJGHC Research Governance Framework (as outlined in the *SJGHC Research Handbook*) to ensure all research is reviewed from a scientific/medical, operational, legal and ethical perspective before final study approval is granted.
5. To maintain an electronic database and archived records of all SJGHC approved research as per the Code.
6. To monitor approved research in partnership with the Participating Site(s).
7. To advise SJGHC and its Divisions as applicable, on any Committee recommendations to revoke a research study on ethical grounds. However, if the Committee or SJGHC through the participating SJGHC Division(s), considers that urgent suspension of research is necessary, the instruction to stop is to come from the Participating Site (refer to [Research Conduct](#) for more details).
8. In partnership with SJGHC and its Divisions, and as per the *National Safety and Quality Health Service Standards* (2017 and subsequent editions) and the *Australian Council of Health Standards (ACHS) EQulP National Accreditation Guide* (and subsequent editions), to foster and encourage a SJGHC research program that ideally is driven by clinical needs, and for which research outcomes are implemented throughout the organisation with the aim of ultimately improving the quality of clinical care to SJGHC patients:
 - a. Publication of Committee activities and details of SJGHC approved research (with prior permission of the researchers)
 - b. Intranet and internet research ethics and research governance information and resources for caregivers and external researchers, respectively.

PRESENTATION OF RESEARCH PROTOCOLS

All research protocols presented to the Committee are to include a completed application form, and to follow the procedures set out in the *SJGHC Research Handbook* distributed to researchers on inquiring about the application process. Details of Committee decision-making and research monitoring processes, as well as the process for addressing complaints about the Committee, are outlined below.

SJGHC HREC APPROVAL AND MONITORING OF RESEARCH

In deliberating on research, the Committee can arrive at any of the following decisions:

1. Ethical approval granted with a recommendation for final study approval;
2. Conditional ethical approval granted (stating each of the conditions on which approval is granted);
3. Ethical approval withheld (stating the reason(s) which are linked to the National Statement);
4. Ethical approval revoked (stating the reason(s) which are linked to the National Statement).

The SJGHC HREC notifies researchers promptly, and in writing, of the Committee's decisions. Final study approval (which is inclusive of ethical and governance approval, namely operational and any legal approvals) is granted in writing by the SJGHC Group CEO and/or his delegate. In the case that ethical approval is revoked, this is communicated by the SJGHC HREC in writing to the researcher and the SJGHC Group CEO and/or his delegate. The SJGHC Group CEO and/or his delegate will then revoke final approval of the study, and communicate this in writing to the researcher.

As a standard condition of final approval, SJGHC requires that researchers report to the Committee/SRC and the participating SJGHC Division(s) immediately anything that might warrant review of approval of the research protocol:

1. Local serious adverse events (SAEs)/suspected unexpected serious adverse reactions (SUSARs)/unanticipated serious adverse device effects (USADEs), annual safety reports, independent data and monitoring committee (IDMC) reports and any significant safety issues (SSIs) (collectively "safety reports");
2. Proposed changes in the protocol or in key research personnel;
3. Unforeseen events that might affect continued ethical acceptability of the study.

The SRC reviews all safety reports noting if there is any action required. Safety reports are also tabled at Committee meetings.

In addition to the above, SJGHC requires as part of its monitoring process, that researchers report on the progress of their research at least annually (six monthly for phase 1 trials) to both the Committee (via the SRC) and the participating SJGHC Division(s). Specifically, researchers in their study progress reports must address any issue(s) raised by the Committee (or its sub-Committee) with the original research proposal, as well as any of the conditions of approval imposed by the Committee.

Via the SRC, SJGHC may also adopt other processes for monitoring research progress e.g. audits of study documentation processes.

Finally, researchers are advised to make research participants aware that a confidential complaints system is available to them. Any complaints from research participants regarding an approved research project (i.e. complaints about the researchers and/or the conduct of the research) can be notified to the Executive Officer (EO) of the Committee (refer to the [SJGHC Research Conduct Policy](#) for more details).

COMPLAINTS

All complaints about the conduct of the Committee and SRC in reviewing research proposals, should be made in writing, and follow a process as such:

1. The complainant should initially direct the complaint to the Committee Chair to be resolved through the normal Committee process. The Chair will consider the complaint and propose a course of action in liaison with the complainant, and report the proposed action at the next Committee meeting, before its implementation.
2. Should the complainant remain dissatisfied with the action taken, then the complaint should be directed to the Group CEO or his/her nominee to be dealt through SJGHC's general complaints process.
3. In the event that resolution is not achieved by either of the above processes, the complainant should seek advice external to SJGHC.

REPORTING

Committee Reporting to the Group Director Medical Services and Clinical Governance

The Committee agendas and minutes are distributed to and discussed with the Group Director Medical Services and Clinical Governance who has the delegated institutional authority to grant final approval of human research conducted at SJGHC.

Committee Reporting to the SJGHC Group CEO

The Committee reports the research ethics activities for the organisation at least annually to the SJGHC Group CEO, who presents this to the Governing Board. Reports may also include information on ethical issues that are of concern to SJGHC.

Committee Reporting to the NHMRC

The Committee complies with all reporting requirements as set by the NHMRC.

MEMBERSHIP

As the Committee is central to SJGHC's Catholic identity, those serving as members have a strong personal commitment to the faithful application of Catholic moral principles to health care.

The Committee's membership, in accordance with the National Statement, includes as far as possible equal numbers of men and women, at least one-third of who are external to SJGHC. The Committee's core (i.e. minimum) membership includes:

- Chair;
- a member with knowledge of, and current experience in, the professional care, counselling or treatment of people (e.g. nurse or allied health professional);

- a member who performs a pastoral care role in the community (e.g. minister of religion);
- a lawyer who is not engaged to advise the institution;
- a lay man and a lay woman who have no affiliation with the institution or organisation and do not currently engage in medical, scientific, legal or academic work;
- two members with current research experience that is relevant to research proposals considered by the Committee

In addition to this core membership, the Committee may have additional membership as deemed necessary, and at all times with the aim of maintaining a gender balance on the Committee as per NHMRC guidelines.

All Committee (and sub-Committee) members have legal protection provided by SJGHC for liabilities that may arise in the course of bona fide conduct of their duties in reviewing research and ethical issues.

Members (and sub-Committee members) undertake appropriate induction and are expected to participate in continuing ethics education. Reasonable costs associated with this will be met by SJGHC.

All SJGHC HREC Members provide their services and expertise on a voluntary basis and receive reimbursement of parking and extraneous costs associated with attending meetings and other business associated with their membership of the Committee. In addition, the Chair of the HREC receives remuneration to compensate for the additional time required to both chair the meeting for the HREC and perform executive duties. This remuneration will be extended to the Deputy/ Acting Chair when they are acting in the capacity of Chair.

PROCESS FOR THE APPOINTMENT OF MEMBERS

Expressions of interest for Committee membership can be forwarded to the EO of the Committee. At the time a vacancy occurs, the position may be filled from the list/pool of interested persons, open nominations or by community advertisement.

Members are appointed after a process of consultation among the relevant groups: SJGHC Executive and the SJGHC HREC. A potential member should have at least two internal (SJGHC) nominations or otherwise the potential member will be required to cite at least 2 referees on their CV and a reference check will then be conducted by SJGHC. Members are appointed foremost as individuals for their expertise rather than in a representative capacity. Approval of these appointments is given by the Group CEO or his delegate.

Members are appointed for a minimum 2 year term and are eligible for reappointment, with reappointments considered within the 2nd and 3rd year of the current appointment term.

OFFICE BEARERS

The positions of Chair of the HREC, Deputy Chair of HREC and Chair of the SRC are appointed by the Group CEO for a minimum term of 2 years. A previous office bearer can be nominated for more than one term.

In the absence of the Chair, the Deputy Chair performs the duties of the Chair. In the absence of both the Chair and Deputy Chair, the Chair/Deputy Chair may appoint an Acting Chair from the non-core Committee members.

The Executive Officer (EO) and Research Ethics Officer provide administrative support to the Committee.

MEETINGS

Meetings are held monthly. Members may also be called to meet on urgent matters, with notice of less than 24 hours.

The minutes of the previous meeting and agenda of the current meeting are forwarded to Committee members approximately a week prior to the scheduled meeting.

QUORUM

Decisions shall not be reached unless all 8 core members are present at the meeting, or alternatively have given their advice to the Chair. This advice will be recorded in the minutes of the meeting. Committee decisions are reached by consensus.

CONFLICTS OF INTEREST

Conflicts of interest (actual or potential) may compromise the research process itself and/or research governance.

No member of the Committee or sub-Committee, or expert advisors can adjudicate on research in which he/she may be:

1. personally involved or participating in the research;
2. have an affiliation or interest in the research, be it financial, private, professional or institutional;
3. personally involved in competing research.

Members are obliged to declare any actual or potential conflicts of interest in a particular research study at the Committee meeting where that study is to be considered, and will be asked to be excused from discussions of the particular research.

In addition, where there are conflicts of interest involving researchers, the Committee may adopt the following measures to manage these:

1. the information is required to be disclosed to research participants;
2. a person other than the researcher is required to make the initial approach to participants;
3. the information is required to be disclosed in any report of the research;
4. the research is required to be conducted by another researcher;
5. approval is withheld.

PERFORMANCE MONITORING

Oversight of efficient and effective ethical review of research may be demonstrated through the following performance measures:

- An active, well governed, and ethical research program across SJGHC
- HREC member participation in continuing research ethics education
- A sixty (60) day timeframe for ethics review by the Committee
- Monitoring and review of all approved research projects is maintained over the life of the research
- Committee compliance (as a HREC) with NHMRC guidelines including Certification requirements
- SJGHC's Research Governance Framework follows guidelines in the National Statement and the Code for Research
- Number of complaints about research ethics and governance, breaches of the Code and cases of research misconduct

AUTHORISATION

These Terms of Reference are authorised by the SJGHC Group CEO.

REVIEW OF TERMS OF REFERENCE

These Terms of Reference are to be reviewed at a minimum every 3 years or at an earlier date if the need arises.

SJGHC HREC Membership

Name	Qualifications	Sex	Appointment	Position
Clin Prof Dr Simon Dimmitt *	BMedSc (Hons) MBBS FRACP FCANZ	M	Chair (with suitable experience whose other responsibilities will not impair the HREC's capacity to carry out its obligations under the National Statement)	Consultant Physician, General & Cardiovascular Medicine (accredited to St John of God Health Care)
Dr Ben Carnley *	MBBS FRACP FRCPA	M	Member with knowledge of and current experience in the professional care, counselling or treatment of humans (i.e. medical practitioner, clinical psychologist, social worker, nurse as appropriate)	Consultant Haematologist
Fr Joe Parkinson *	STL PhD	M	Member who performs a pastoral care role in a community for example an Aboriginal Elder, a minister of religion	Minister of Religion; Bioethicist, Director L. J. Goody Bioethics Centre
Mr Eric Heenan *	BLaw (Hons) The Honorable Q.C.	M	Member who is a lawyer, and where possible who is not engaged to advise the institution	Retired Supreme Court Judge, WA
Dr Janie Brown *	BNurs MEd PhD	F	Member with current research experience that is relevant to research proposals to be considered at the meetings	Senior Lecturer, School of Nursing, Midwifery and Paramedicine, Curtin University
Sr Philomena Burrell *	BA MEd Leadership	F	Laywoman who has no affiliation with the institution and does not currently engage in medical, scientific, legal or academic work	Presentation Sister
Mr Hamish Milne *	BA (Hons) MPhil MBA GAICD FAIM	M	Layman who has no affiliation with the institution and does not currently engage in medical, scientific, legal or academic work	Self-employed Consultant, State Manager RACGP
Dr Tasnuva Kabir *	PhD MSc MBBS	F	Member with current research experience that is relevant to research proposals to be considered at the meetings	Post-doctoral Research Fellow, Harry Perkins Institute of Medical Research
Mr Gannon Jones *	BA (Phil) BST BA (Psych)	M	Pool Member who performs a pastoral care role in a community for example an Aboriginal Elder, a minister of religion	Pastoral Care Practitioner
Prof Sally Sandover	BSc MPH	F	Community Member. Expert knowledge in medical education.	Associate Dean (Medical Education), Curtin University Medical School
Mr Patrick O'Connor	MPsych (Clinical) MBA	M	Community Member. Clinical Psychologist	Senior Clinical Psychologist, Health Dept WA (mental health services) & Clinical Psychologist: Hillarys Medical Centre
Dr Vivian Chiu	PhD BPsych BSc BComm	F	Pool Member. Clinical Psychologist	Clinical Psychologist, Health Dept WA
Dr Gail Ross- Adjie	BN MCLinNurs PhD	F	Community Member. Current experience as a Nurse Researcher	Nurse Researcher

* Core Member

Scientific Review Sub-Committee (SRC) Terms of Reference

BACKGROUND

The Scientific Review Sub-Committee (“the SRC”) is a sub-committee of the St. John of God Health Care (SJGHC) Human Research Ethics Committee (HREC). The two Committees work closely together to review all human research proposals to be conducted at any of the SJGHC Divisions.

The principal role of the SJGHC HREC is to consider research proposals from an ethical perspective, whereas the principal role of the SRC is to review proposals for scientific merit i.e. scientific validity and safety.

PURPOSE

The purposes of the SRC are:

1. To review for scientific merit i.e. scientific validity and safety, human research proposals to be conducted at any of the SJGHC sites in Australia, including:
 - a. New research submissions
 - b. Study amendments due to safety concerns
 - c. Study progress reports, including final reports and publications
2. To review for the appropriate use of SJGHC biospecimens (and related health data) human research proposals requesting access to these human tissue samples and data.
3. To make recommendations for approval or otherwise of research proposals to the SJGHC HREC.
4. To provide advice to investigators/researchers on research design and process that improves the scientific validity and safety of research proposals.
5. To report the SRC’s activities on a regular basis to the SJGHC HREC.
6. To review final study reports including translation of study results.

MEMBERSHIP

There is to be some cross membership of the SRC and the SJGHC HREC.

The SRC membership includes expertise and current research experience that is relevant to the types of research proposals considered by the SRC. The SRC may also seek external advice from relevant experts where deemed necessary, to assist in the consideration of particular research proposals.

Members are nominated by the Chairman of the SJGHC HREC. Members are nominated for a minimum 2 year term and are eligible for reappointment.

OFFICE BEARERS

The position of Chair is nominated by the Chairman of the SJGHC HREC for a term of 2 years. A previous office bearer can be nominated for more than one term. The Executive Officer of the SJGHC HREC and Research Ethics Officer also provide administrative support to the SRC.

CONFLICT OF INTEREST

Members are obliged to declare any actual or potential conflicts of interest in a particular research study at the SRC meeting where the research is to be considered. Such conflicts of interest may include:

1. Personal involvement or participation in the research
2. An affiliation or interest in the research – be it financial, private, professional or institutional
3. Personal involvement in competing research.

Where there are any actual or potential conflicts of interest in research, members will be excused from meeting discussions and will not be permitted to adjudicate on such research.

MEETINGS

The SRC meets between meetings of the SJGHC HREC, for a total of 6 meetings per year.

In order to address any outstanding issues prior to SJGHC HREC meetings, members may be requested out of session to review and comment (via email) on researcher replies to SRC queries. The SRC may also be called to meet more frequently (as required) to address urgent matters.

QUORUM

The quorum for meetings shall be half the total number of members. Alternatively, the quorum can be less than this provided that absent members have provided their advice to the Chairman on agenda items before the meeting. This advice will be recorded in the minutes of the meeting. SRC decisions are reached by consensus.

REMUNERATION

Each member is expected to attend all scheduled meetings per year.

Each member who is not a SJGHC employee is remunerated at \$250 (incl. GST) per meeting. This remuneration is partially funded from administrative fees charged on research proposals submitted for approval to the SJGHC HREC.

AUTHORISATION

These Terms of Reference are authorised by the St John of God Health Care Human Research Ethics Committee.

REVIEW OF TERMS OF REFERENCE

These Terms of Reference are to be reviewed at a minimum every 3 years or at an earlier date if the need arises.

Scientific Review Sub-Committee Membership

CURRENT AS OF JANUARY 2020

Name	Qualifications
Prof Sally Sandover (Chair)	BSc MPH
Clin Prof Dr Simon Dimmitt	BMedSc (Hons) MBBS FRACP FCANZ
Prof Kevin Croft	PhD FRSC
Prof Leanne Monterosso	BNurs (Hons) RN RM NNT GCTT PhD FACNA
Ms Gemma McGrath	BNurs BLaws (Hons) MLaws
Dr Kylie Russell	MHS (Ed) BNurs PhD
Mr Myles Murphy	BPhysio GCSportsPhysio MClinPhysio
Dr Samantha Bowyer	MBBCh MRCP FRACP MPH
Dr Ru-Wen Teh	MBBS FRACP
Dr Mary Theophilus	MBChB MRCS FRACS PhD

Submission Process – Steps to Approval

Please refer to [Pathways of Ethical Review at SJGHC](#) for a summary of the approval process at SJGHC for research of different risk levels.

ENQUIRIES AND QUERIES

Initial enquiries and queries about making a research submission to the SJGHC HREC, or any other ethics queries that arise during the course of a research project, should be directed in the first instance to the Executive Officer of the SJGHC HREC.

This is particularly useful in the following cases:

1. to plan ahead a sufficient timeframe in which to obtain study approval,
2. to clarify the process to follow to obtain approval of a study, including who to contact within SJGHC to begin discussions and obtain “operational approval”/“participating site approval” (refer to [Participating Site Operational Approval Form](#)). Please note that the PSOA form must be completed and fully signed before a study can be reviewed by the SJGHC HREC.
3. to determine what, if any, documentation needs to be reviewed by SJGHC Legal Services e.g. indemnity and insurance arrangements. Researchers should utilise (as appropriate) the relevant SJGHC Template Registry Agreement/Clinical Trial Research Agreement (CTRA)/SJGHC Deed of Access, Insurance and Indemnity.
4. to ascertain if a particular research study is “negligible risk”, “low risk” or “high risk”, and the level of corresponding ethical review (i.e. formal or informal review) that is required. For example, clinical audits which are more for internal quality improvement (QI) purposes and for which there is no intention of publishing results may not require a submission to the SJGHC Human Research Ethics Committee. For further information refer to the [Guide for QI Projects](#) within this Research Handbook.
5. Where “expedited review” is being requested e.g. a limited timeframe in which to commence a study. Note: SJGHC has both a expedited review process for “low risk” research as well as an expedited review process for “higher risk” research which meets certain criteria (refer to the [Expedited Review Checklist for More than Low Risk Research](#).) Timing constraints alone are not an acceptable reason for seeking expedited review and cannot justify expedited review where the study is high risk.

Upon making contact with the Executive Officer of the SJGHC HREC, researchers will receive a web link to the *SJGHC Research Handbook*. The Handbook should be read in full as it is a complete reference guide to obtaining and maintaining the ethical approval of and meeting the research governance requirements for research projects.

SUBMISSION DOCUMENTATION FOR A NEW RESEARCH PROPOSAL

All submissions are to be emailed to the SJGHC Ethics Office. Please contact the Ethics Office should you not receive an acknowledgement of your submission within three working days. Researchers are requested to complete the following ethics application forms as part of their submission:

1. Human Research Ethics Application (HREA), which is particularly useful if the researcher will be submitting their research proposal to multiple Human Research Ethics Committees (HRECs). This is available online at <https://hrea.gov.au/>. Please download a new form each time as the document continues to be updated, OR
2. Another HREC Ethics Application Form (particularly where this has been already completed) may be appropriate in lieu of the HREA, AND
3. Jurisdictional specific application forms that address additional ethical issues specific to said jurisdiction. Researchers intending to conduct research in a specific jurisdiction should complete the relevant module(s)/form below along with the HREA/other HREC ethics application form:
 - a. WA-Specific Module (WASM) is available to complete online on the WA Research Governance Service (RGS) website: <https://rgs.health.wa.gov.au/Pages/Research-Ethics.aspx> For applications to WA HRECs not using RGS and not involved in the NMA (eg SJGHC HREC), a hard copy of the WASM is available on request from RGS Support.
 - b. Victorian Specific Module (VSM) is available at: <https://www2.health.vic.gov.au/about/publications/formsandtemplates/victorian-specific-module>

Please note that whether completing HREA or another Application Form, there is also other documentation that needs to accompany a research submission. Researchers should refer to the [Checklists for New Submissions](#) in the *SJGHC Research Handbook* as a quick reference to ensure all necessary documentation has been included before forwarding their submission to the SJGHC HREC.

NOTE EXCEPTION: Case studies are the exception. Researchers are not required to complete an ethics application form for case studies. In terms of submission documentation, researchers are required to only submit:

- a. the written case study, and
- b. the Participant Information and Consent Form (PICF).

As “low risk” research, case studies will undergo expedited review out of session by a select member(s) of the SJGHC SRC/HREC and approved by the Chairman of the SJGHC HREC (as delegated authority), and then tabled at the next HREC meeting for the information of the Committee only.

CONDITIONS OF APPROVAL

All research (other than case studies) requires prior SJGHC HREC approval before commencement. SJGHC HREC will not grant retrospective ethical approval for a research proposal (including QI project/audit) that has already commenced/been completed. The following are the standard conditions of approval for all research approved by the SJGHC HREC. In addition to these, with some research projects there may be specific conditions of approval which will be outlined to researchers in the ethics approval letter.

Failure of researchers to comply with any of the conditions of approval may result in suspension or withdrawal of study approval. In cases of non-compliance and/or where circumstances warrant that a study should be discontinued, the SJGHC HREC will recommend to the SJGHC Participating Site(s) that approval be rescinded, or otherwise suspended until such a time as specific conditions are met.

1. **Duration of Approval & Requests for Time Extensions:** Ethics approval letters will stipulate the duration for which a study is approved or otherwise approval is as per the timeframe specified by the researcher in the original submission. It is the responsibility of researchers to apply in writing to the SJGHC HREC for any extensions of time to complete research *before* the timeframe expiry date.
2. **Study Amendments (including Study Extensions):** Study approval is limited to the research proposal as originally submitted. Any subsequent amendments to the study and/or study documentation (e.g. updates to research personnel, protocol, participant information and consent form (PICF), Investigator Brochure, etc.) and any study extensions (e.g. of scope, data analysis, time) must be referred to the SJGHC HREC for approval prior to implementation. If the Committee considers the amendments/ extensions to be significant, researchers may be required to submit a new study application for approval.
3. **Adverse Events, Unforeseen Events, suspected Serious Breaches, Withholding/Withdrawal of Approval, Allegations/Suspicion of Breaches of the Code/Research Misconduct:** Researchers must report immediately to the SJGHC HREC anything which might warrant review of study approval and/or affect continued ethical acceptability of the study. This includes anything that is likely to affect to a significant degree the safety or rights of a trial study participant, or the reliability and robustness of the data generated in the clinical trial:
 - a. serious, and suspected unexpected serious adverse events on participants, an significant safety issue (SSI), unforeseen events (e.g. new information about the experimental drug, new potential conflict of interest) and any suspected significant protocol deviations i.e. serious breaches,
 - b. any withholding or withdrawal of study approval by another HREC or institution,
 - c. any allegation or suspicion of research misconduct.
4. **Reporting on Study Progress:** SJGHC through its research governance framework requires that researchers complete regular study progress reports (annually at a minimum, and six-monthly for Phase 1 studies) and a final study report at the conclusion of a research project. As part of the final study report, researchers are requested to provide copies of any publications/ presentations of research findings. *In the particular case where a decision is made by the researcher to cease a research project before the expected completion date, the SJGHC HREC must be advised immediately, with an explanation of the reason(s).* These reports are to assist in verifying that the conduct of research conforms to the approved research proposal, and that the interests of those who have consented to take part as participants in research are protected. Failure to meet these report requirements will result in a lapse of approval of the study and a new application will need to be submitted to reinstate ethics approval.

Information and Advice for Researchers Making New Submissions

APPLICATION FORM

Researchers have the option of completing either the Human Research Ethics Application (HREA) or an alternative institutional Ethics Application form. These have been designed to help researchers appreciate the ethical aspects of their research and enable the Committee to fully understand any ethical implications. As HREA has been developed to be recognised by all Human Research Ethics Committees (HRECs) throughout Australia, researchers are strongly encouraged, particularly if conducting a larger scale multicentre study, to complete the HREA which is available online: <https://hrea.gov.au/> (Please note: The SJGHC Low Risk Ethics Application Form is no longer in use and will no longer be accepted by the Ethics Office).

CLINICAL TRIAL

A “*clinical trial*” refers to a trial of an unapproved therapeutic good within Australia (i.e. use of unregistered medicine (drug)/medical device and/or use of medicine/medical device outside its approved indications, doses or duration of treatment. Clinical trials require an application to the Therapeutic Goods Administration (TGA) under the Clinical Trial Notification (CTN) or Clinical Trial Exemption (CTX) schemes. A Certificate of Insurance is essential to ensure adequate compensation/indemnity provisions for trial related injury/mis-adventure and to protect both study participants and researchers. A Clinical Trial Research Agreement (CTRA)/contract is also required to outline respective responsibilities of, and financial arrangements between the parties involved in the trial. For monitoring purposes, researchers must provide the SJGHC HREC with details of the constitution of any Independent Data Safety Monitoring Committee (IDMC) for the trial: names and positions of members, and frequency of meetings.

CLINICAL RESEARCH RECORD FORMS

When a participant is enrolled in a clinical trial, some sites (such as SJG Subiaco Hospital and SJG Murdoch Hospital) require the completion of a Clinical Research Record Form. This form is designed as a “safety alert” to advise medical staff of the patient’s participation in a clinical trial and what research intervention they are receiving or have received. This form should be completed by research staff and inserted into the patient’s hospital medical record upon their enrolment into a clinical trial. Please direct all enquiries regarding this form to the participating site.

CONSUMER ENGAGEMENT

Researchers are encouraged from the onset to seek consumer and community engagement in their research. Consumer input should influence decisions about what to research, as well as the particular research design. Where consumer representatives have been involved in this process, please advise the names, and what the interests are, of these representatives.

As a way of encouraging consumer and community participation in research, where possible* a plain language summary of the study’s findings linked to the final study publication should be sent to all study participants. Newsletters can also be sent to participants throughout the duration of the study to keep participants updated on study progress and preliminary findings.

* With large epidemiology studies, it is acknowledged that it may be difficult to convey results to the large number of participants, many of whom may also be deceased, particularly if the study is a retrospective study.

DETERMINING YOUR RESEARCH DESIGN

Please use this [form](#) to determine the best type of study design according to the research question your study will answer. This document is based on the Research Design Algorithm that was developed by the American Dietetic Association in 2010. (As with all SJGHC Ethics forms, this is a dynamic PDF document. Please refer to download instructions [here](#).)

ETHICAL REVIEW FOR EXTERNAL SITES

The SJGHC HREC is an NHMRC-Certified HREC, and therefore has a national research ethics role as a “reviewing HREC” committed to facilitate the efficient and effective ethical review of (multi-centre) research conducted throughout Australia. Specifically, SJGHC’s certification status under the NHMRC National Certification Scheme of Institutional Process Related to the Ethical Review of Multi-centre Human Research means that the Committee can conduct a single ethical review for other Australian institutions/researchers of their research/multicentre research.

For submissions to be conducted at external sites within Australia, the process of ethical review is as described in [Pathways of Ethical Review at SJGHC](#) and administrative fees will be charged where applicable as per the [Administrative Fee Schedule](#). However, it is not within the jurisdiction of SJGHC to provide governance approval for other institutions. The Participating Site Operational Approval (PSOA) form which documents governance approval is specific to SJGHC and is therefore not appropriate for external sites to complete.

In lieu of this, the SJGHC HREC requires evidence of site support for the study. This can be another Site Specific Governance form or otherwise a letter of support from the institution on their letterhead signed by the CEO or other member of the executive, stating that the site is willing to participate in the study and are aware of the resources that will be required. The submission should also include a current CV for the proposed Principal Investigator at the external site.

The SJGHC HREC will take this to be evidence of governance approval from the external site. Should the study be approved, the SJGHC HREC will send a letter confirming ethics approval that is conditional upon legal approval (if applicable). It is the responsibility of the external site to ensure that the study does not commence prior to obtaining legal approval (if applicable). The SJGHC Ethics Office will not issue a final approval letter in this case, as the external site falls outside of the jurisdiction of SJGHC. Please contact the SJGHC Ethics Office if you have any queries regarding this.

MULTICENTRE RESEARCH

NHMRC defines “multicentre” as research conducted through the collaboration of at least two unique institutions that may be situated in more than one state or territory or within a single jurisdiction. It does not refer to research being conducted at several sites or locations of a single institution (such as more than one SJGHC hospital). SJGHC collaborative research refers to research that is conducted at more than one SJGHC hospital or service.

NATIONAL SCIENTIFIC REVIEW COMMITTEE

If you are submitting a study that has had prior review by a National Scientific Review Committee, please advise of this on the [Submission Cover Page](#).

The establishment of two National Scientific Committees is part of a pilot project to provide expert scientific advice to researchers and Human Research Ethics Committees (HRECs) on complex genetic studies and clinical trials involving medical devices. For more information, please see the following website: <https://www.australianclinicaltrials.gov.au/national-scientific-review-committees>

PARTICIPANT CONCERNS ABOUT THE STUDY

Researchers should insert the following paragraph in the PICF:

“The St John of God Health Care Human Research Ethics Committee has given ethical approval for the conduct of this study. If you have any concerns or complaints regarding this study, you can contact the Executive Officer of the Committee (telephone number (08) 9382 6940) on a confidential basis. Your concerns will be drawn to the attention of the Committee that is monitoring the study.”

PARTICIPANT INFORMATION SHEET AND CONSENT FORMS (PICFS)

PICFs need to be in plain language, avoiding jargon, ambiguities and misleading statements and need to be succinct i.e. outlining the additional processes and risks for participants associated with being part of the specific study. This is important as it allows a participant to come to a decision on whether to enter the study and has medico-legal significance in the event of any adverse event. Participants should be given a copy of the signed PICF for their records.

The National PICF Project has developed and issued a suite of standardised PICFs to serve as a starting point for researchers. The PICF has three parts: A) General Information, B) Trial details, C) Consent Form. These forms will be reviewed annually and updated as needed. All of these documents were designed to provide guidance and assist researchers, institutions and HRECs in the conduct of multi-centre ethical review.

These Proformas can be accessed online at www.nationalpicf.com.au. The User Guide for the National PICF can be used to help develop a PICF, and can be downloaded at <http://www.nationalpicf.com.au/research.html>.

PHASE 1 CLINICAL TRIALS

Phase 1 clinical trials undergo the More than Low Risk approval process, with the following additions:

- a) The Principal Investigator must provide a current resume and evidence of current GCP certification for all research personnel involved with the study at the site;
- b) The Principal Investigator (or delegate) must be available to attend the meeting where the study will be reviewed by the SRC and/or HREC. Any other research personnel involved with the study are also welcome to attend;
- c) Six-monthly progress reports will be required as a condition of ethical approval.

PREGNANCY WORDING IN PICFS

There should be no reference made to “artificial contraception”/“birth control” in the PICF(s). When speaking of reproductive risks while participating in research, the following format is to be used in ALL PICFs, in accordance with the teachings of the Catholic Church:

“Because of the [known/unknown] effects of the [study medication] women should avoid becoming pregnant [and/or breast-feeding] during the course of this trial.”

“Because of the [known/unknown] effects of the [study medication], men should avoid fathering a baby during the course of this trial [and should inform their partner about this requirement].”

PRIVACY DECLARATION

All external researchers (i.e. excluding SJGHC caregivers and accredited practitioners) conducting research at a SJGHC site are required to sign a separate Privacy Declaration Form as part of their study submission to the SJGHC HREC.

PRIVACY PRINCIPLES

The Australian Privacy Principles (or APPs) are the cornerstone of the privacy protection framework in the *Privacy Act 1988*. There are 13 APPs that govern the standards, rights and obligations around the collection, use and disclosure of personal information. Researchers who are seeking to undertake a study which will involve the collection, use and/or disclosure of identifiable data without prior patient consent are required to provide a justification under Section 95A of the Privacy Act for a waiver of consent and identify the APP/s which are relevant to the submission. Please refer to this [quick reference](#) for more information.

Please note: in regards to APP6, the definition of “use of personal information” according to Section 95A of the Privacy Act includes the accessing and reading of identifiable personal information, such as from medical records. Even in the case where a researcher is collecting de-identified data, if this has been sourced from identifiable records then a waiver of consent must be sought. A waiver of consent for clinical data is required, as research is not necessarily a legitimate secondary use directly related to the primary purpose which is clinical treatment.

PRODUCT/PROCEDURE AND DEVICE INFORMATION

Information on all products/procedures/devices to be used in a clinical trial (e.g. drug toxicity, dosage guidelines, indications for use, etc.) enables the HREC to assess the safety of the product/procedure/device, and make a risk-benefit assessment of the proposed trial. This information can also be of practical use to caregivers of the SJGHC Participating Site(s) who may be called on to administer aspects of the research protocol.

In addition, for trials of implantable devices, researchers must also provide the SJGHC HREC with a copy of the descriptor of the system for tracking participants for the lifetime of the device.

QUALITY IMPROVEMENT (QI) PROJECTS

Quality improvement (QI) projects in health services are about evaluation of clinical practice with the intention of improving health service delivery and health care outcomes. All QI conducted *with or about people* (“*Human QI*”) requires ethical consideration: will the people involved – patients,

caregivers or community – be exposed to any additional harm, discomfort, inconvenience, or possible breach of their privacy? What is the risk of such exposure: “more than low risk”, “low risk” or “negligible risk”? And most importantly, are these risks justified by the potential benefits of the QI?

It is important to identify, minimise and manage any risks/ethical issues that arise in the design and conduct of Human QI and the dissemination/publication of Human QI results, and to justify decisions about these aspects of Human QI before project commencement. Please refer to [Guide for QI Projects](#) for more information regarding submission of QI projects to the SJGHC HREC.

RESEARCH PROTOCOL/PROJECT DESCRIPTION

The protocol provides a justification of the study i.e. background/literature review including a listing of any previous publications relevant to the proposed study, study hypothesis(es), study objectives and study methodology. It explains the reasons for choosing the particular research method e.g. why the study is prospective or retrospective, the use or otherwise of controls, the need or otherwise for a blind or double blind study and the rationale for the type of statistical analysis, including power and sample size calculations. A power and sample calculation is required for all prospective quantitative research (except for pilot studies) to facilitate an assessment of the scientific merit of the proposed research. At minimum, the protocol should include the following:

1. Rationale for the project
 - a. Why is it important to conduct the project?
 - b. What are the expected benefits of the project?
 - c. What are the risks of the project and how will they be managed?
2. Background for the project (literature review)
3. Aim(s)/Objective(s) of the project
4. Description of Participants and Recruitment Process
 - a. Inclusion/Exclusion Criteria
 - b. Justification for sample size
5. Methodology
 - a. Data technique(s) to be used (e.g. retrospective medical record review, interview, etc.)
6. How project results will be analysed?

RESEARCH INVOLVING ADULTS WITH IMPAIRED CAPACITY IN WA

Advice from the Health Department of Western Australia (HDWA) received 9 October 2020 is that GAA Medical Research supporting documents have been approved for use by the Minister for Health and are now available on the WA research Governance Service website <https://rgs.health.wa.gov.au/Pages/Document-Templates.aspx>

The documents include:

1. GAA Medical Research Guidance Document. Note in particular 6.3 Flowchart on page 9 of this document.

1. GAA Medical Research Decision Form. This form to be part of the study records, must be used by the researcher to document the decision when enrolling an incapable person in health and medical research, with the consent of a research decision-maker.
2. GAA Medical Research Decision Form – Urgent Treatment. This form to be part of the study records, must be used to document the decision when enrolling an incapable person in health and medical research with the consent of a research decision-maker; OR without consent if approved by a HREC (e.g. in an emergency medicine setting).
3. GAA Medical Research Decision Report. Under the Act, it is a requirement that the researcher complete the report for each adult with impaired capacity who is recruited into a study where a research decision has been made on their behalf. The report must be provided to the HDWA within 15 calendar days of patient recruitment.

RESEARCHER CONCERNS ABOUT THE ETHICAL REVIEW PROCESS

Should a researcher have any concerns regarding consideration of their study submission by the SJGHC HREC (and/or sub-Committee) this can be discussed in the first instance with the Executive Officer of the Committee. Every effort will be made to explain the ethical review process, and to provide specific submission feedback i.e. how the Committee arrived at its decision and the reason(s) for its decision. If the matter remains unresolved and the researcher wishes to make a formal complaint, the complaint should be put in writing to the Chair of the SJGHC HREC to be resolved through the normal Committee process, and failing this, through the SJGHC complaints process.

RESEARCHER RESPONSIBILITIES

If you remove your research submission or fail to reply to any queries raised in the study review process, you will be required to make a full submission to the SJGHC HREC before further consideration will be given to your proposed study.

You may not embark on or publicise a study until you receive written approval from SJGHC HREC. All correspondence to the SJGHC HREC should quote the allocated study SJGHC HREC reference number.

Researchers are welcome to attend meetings of the SRC and/or SJGHC HREC, to present their study submission in person and address any queries directly with Committee members. Please advise the Executive Officer at the time of submission that you would like to attend the meeting(s). Researchers may also be invited by the SRC and/or SJGHC HREC to attend meetings if clarity is needed or there are outstanding issues. Researchers conducting Phase 1 studies will be expected to attend the SRC and/or SJGHC HREC meeting where the initial submission is considered.

RESUMES

Researchers should include an abbreviated, current resume (& publication list) which outlines their academic qualifications, experience and skills to carry out research. For Phase 1 studies, investigators are also required to provide current resumes and with evidence of current GCP certification for all research personnel involved with the study at the SJG Participating Site.

STUDY BUDGET

The budget identifies the explicit costs of the research activity/the costs in addition to regular patient intervention as well as in-kind support (i.e. support other than direct cash amounts). Researchers must identify funding source(s) in the budget and itemise all payments to study participants (i.e. financial remuneration, reimbursement, rewards/benefits/ incentives), as well as any expenses. The PICF should also outline these budget details.

TRACKING OF STUDY DOCUMENTATION

All study documents submitted to the SJGHC HREC (e.g. protocol, PICF, questionnaires, etc.) must have a version number and date in the footer. This is to ensure that amendments to the documents can be easily tracked and the latest version quickly identified.

TRANSLATION OF RESEARCH – USE OF REPORTING GUIDELINES & REGISTRATION OF RESEARCH

The EQUATOR (Enhancing the QUALity and Transparency Of health Research) Network is an international initiative that seeks to improve the reliability and value of published health research literature (i.e. ensure the reproducibility and reliability of health research) by promoting transparent and accurate reporting and wider use of robust reporting guidelines. The EQUATOR website www.equator-network.org has a one-stop library that provides an up-to-date collection of reporting guidelines/standards for all types of health research design. Whilst the target audience is journal editors and peer reviewers, the resources on this website are also helpful for researchers in their protocol/project description and conduct.

Researchers are strongly encouraged to use reporting guidelines to assist in the development of their study protocol, to guide the conduct of their study, and to ensure quality reporting of study results.

Sponsors/Researchers are also strongly encouraged to prospectively register their clinical trial and other research (where possible) on a public registry such as the WHO ICTRP (<http://www.who.int/ictrp/en/>), ANZCTR (www.anzctr.org.au) or other equivalent public registry i.e. registration should occur *before* trial/research commencement and the details of the registration need to be provided to the SJGHC HREC. Prospective registration of research in a public registry promotes research transparency and ensures the evidence for a new treatment/therapy/drug/medical device/medical intervention is widely available. It can help researchers identify gaps in their research, prevent unnecessary duplication of research, and facilitate publishing of results. The International Committee of Medical Journal Editors (ICMJE) will not publish the results of any clinical trial not included on an authorised register at the trial's inception.

Thus, the use of reporting guidelines together with the prospective registration of a study facilitates research translation, i.e. a study is more likely to be recognised as a well designed and reported study where findings have evidence potential for implementation in practice or can be a solid foundation for subsequent follow-up research.

Some of the more common guides for different types of studies include:

Systematic Reviews:

1. PRISMA 2009 Checklist & Flowchart: The 27 checklist items pertain to the content of a systematic review and meta-analysis, which include the title, abstract, methods, results, discussion and funding. The flow diagram depicts the flow of information through the different phases of a systematic review. It maps out the number of records identified, included and excluded, and the reasons for exclusions.

2. PRISMA-P Checklist 2015: Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols.
3. PROSPERO – an international prospective register for systematic reviews in health and social care.

Clinical Trials:

1. CONSORT 2010 Statement (CONsolidated Standards of Reporting Trials) and Extensions of the CONSORT Statement: The original 25 item checklist for reporting in a “standard” two-group parallel design RCT and a flowchart shows how the study population was recruited and handled during the course of the study. Extensions of the CONSORT Statement include checklists for various designs, covering different interventions and data uses e.g. cluster trials, trials of non-pharmacologic treatment interventions, use of data for abstracts, etc.

2. SPIRIT 2013 Checklist & Timeline (Standard Protocol Items: Recommendations for Interventional Trials): include the SPIRIT 2013 Checklist: Recommended items to address in a clinical trial protocol and related documents. The SPIRIT participant timeline suggests a time schedule of enrolment, interventions (including any run-ins and wash-outs), assessments and visits for participants.

SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) is an international initiative that aims to improve the quality of clinical trial protocols by defining an evidence-based set of items to address in a protocol. www.spirit-statement.org

3. TIDieR: The 12 item checklist and guide “Template for Intervention Description and Replication, is an extension of the CONSORT 2010 and SPIRIT 2013 checklists. The TIDieR guide provides, for each item, an explanation, elaboration, and examples of good reporting for each item.

4. Also, the Common Protocol Template (CPT) by TransCelerate Biopharma Inc is working with industry stakeholders and regulators (FDA and NIH) to create a model clinical trial protocol template containing a common structure and model language. The [common protocol template](#) is also a foundational element in the longer-term movement towards an electronic protocol.

5. ANZCTR (Australian New Zealand Clinical Trials Registry): ANZCTR is one of many online public registries for clinical trials. ANZCTR is, specifically a register of clinical trials being conducted in Australian and New Zealand. The ANZCTR is recognised by the World Health Organization (WHO) as a Primary Registry in the WHO Registry Network. ANZCTR is also a registry recognised by the International Committee of Medical Journal Editors (ICMJE). ANZCTR includes trials from the full spectrum of therapeutic areas of pharmaceuticals, surgical procedures, preventive measures, lifestyle, devices, treatment and rehabilitation strategies and complementary therapies.

Observational Studies:

1. STROBE Statement (STrengthening the Reporting of OBServational studies in Epidemiology): various checklists of items that should be included in reports of different types of observational studies e.g. cohort studies, case-control studies, cross-sectional studies, conference abstracts.

2. ANZCTR: is one public registry that does accept both interventional and observational studies for registration. For observational studies, “observational” must be selected for the “study type” field.

Qualitative Studies:

1. Standards for Reporting Qualitative Research: A Synthesis of Recommendations by Bridget C.O'Brien et al, 2014, Academic Medicine 89(9): 1245-1251

Diagnostic/Prognostic Studies:

1. STARD 2015 (Standards for Reporting of Diagnostic Accuracy Studies): checklist of essential items for reporting diagnostic accuracy studies.

Quality Improvement (QI) Studies:

1. SQUIRE 2015 Guidelines (Standards for Quality Improvement Reporting Excellence): provides a framework for reporting of QI studies that describe system level work to improve the quality, safety and value of healthcare, and uses methods to establish that observed outcomes were due to the intervention(s).

Case Studies:

1. CARE 2013 Toolkit: consists of a checklist, writing template, timeline examples, that aim to improve the completeness, transparency and usefulness of case reports for clinicians, researchers, educators and patients. Case reports have historically been important in (a) recognising new or rare diseases, (b) evaluating the therapeutic effects, adverse events, and costs of interventions; and (c) improving problem-based medical education. They provide evidence for effectiveness in a real-world setting.

Case Series (in surgery):

1. PROCESS 2017 Guidelines (Preferred Reporting of Case Series in Surgery): consists of an eight item checklist that aims to improve the reporting quality of surgical case series.

Economic Evaluations:

1. CHEERS 2013 Statement (Consolidated Health Economic Evaluation Reporting Standards): The 24 item Checklist lists what to report in economic evaluations of health interventions.

Pre-clinical Animal Studies:

1. ARRIVE Guidelines (Animal Research: Reporting of In Vivo Experiments): a checklist to improve the design, analysis and reporting of research using animals.

USE OF SJGHC LOGO/LETTERHEAD

Only researchers conducting research as part of their employment with SJGHC should use the SJGHC logo/letterhead on PICFs. All other externally-initiated and/or sponsored research should not display the SJGHC logo/letterhead on PICFs. This ensures that study participants can accurately identify who has initiated the study. To differentiate from other participating sites, PICFs can still be identified as a "SJGHC version" on footnotes in these documents.

Guide for QI Projects

Research studies tend to ask *“What is best practice?”* and are conducted with the intention to publish results and impact clinical practice. Conversely, quality improvement (QI) projects ask *“Are we following agreed best practice?”* and evaluate clinical practice with the intention of improving health service delivery and health care outcomes. QI tends to be conducted for “internal” purposes only. However, increasingly it is sought to publish QI project results and many journals now request prior ethical review and approval of QI as a requirement of publication. The two kinds of QI projects are “Pure QI” and “Human QI”.

PURE QI

Pure QI looks solely at processes/systems/programs and does not use data about or samples taken from people. **Pure QI does not require prior ethical review by the SJGHC Human Research Ethics Committee (HREC).** Pure QI should be registered as per the usual process with the Quality and Risk Department of the relevant SJGHC Division.

HUMAN QI

Human QI involves using data about or samples taken from people (such as a review of patient medical records – traditionally known as an audit, or a survey of caregivers/staff) and needs ethical consideration. It is important to identify, minimise and manage any risks/ethical issues that arise in the design and conduct of Human QI and the dissemination/publication of Human QI results, and to justify decisions about these aspects before project commencement. Also, if there is an intention or possibility that the findings of the Human QI may be published or presented externally (eg at a conference), it is important that the project can demonstrate scientific merit and validity. To facilitate the translation of results, the SJGHC HREC strongly encourages researchers to use the SQUIRE 2015 Guidelines (Standards for Quality Improvement Reporting Excellence) to assist in the Human QI project design, to guide the conduct of the project and to ensure a high standard in the reporting of findings.

PLEASE NOTE:

If you choose not to seek prospective ethics approval from the SJGHC HREC for your Human QI project, you are likely to lose the possibility of publishing your results in the future. **The SJGHC HREC will not provide retrospective ethics approval for a Human QI project (or indeed any research) that has already commenced or being completed.**

Those proposing to undertake Human QI projects should thus refer to the NHMRC Ethical Considerations in Quality Assurance and Evaluation Activities (2014) and overleaf the *Checklist for Essential Criteria for Human QI Projects* and *Checklist for Assessing the Level of Risk of Human QI Projects* to discern whether there is a need for prior review by the SJGHC HREC. The SJGHC Ethics Office can also be contacted for further advice. Often Human QI projects will either be “low risk” or “negligible risk” and will thus undergo expedited review rather than a full review process by the SJGHC HREC.

CHECKLIST FOR ESSENTIAL CRITERIA FOR HUMAN QI PROJECTS

All Human QI projects should meet the following criteria:

Research Merit and Integrity

- ✓ A good rationale for undertaking the project
- ✓ Clear and achievable project aims
- ✓ Based on a thorough literature review
- ✓ Person(s) conducting project has appropriate skills, knowledge and experience

Justice

- ✓ Fair process for collection of information about people with minimal burden
- ✓ Feedback of results (where possible) to study participants/wider community

Beneficence

- ✓ Any risks minimised and justified by benefits of undertaking QI

Respect

- ✓ Voluntary consent of individual study participants obtained if new information sought

CHECKLIST FOR ASSESSING THE LEVEL OF RISK OF HUMAN QI PROJECTS

The National Health and Medical Research Council (NHMRC) *National Statement on Ethical Conduct in Human Research* (2007) [latest version] (“the National Statement”) provides a basis for ethical review of Human QI, which is often classified as “low risk” or “negligible risk.” Both low risk and negligible risk research undergoes an expedited review process by the SJGHC HREC. Please refer to the following sections of the National Statement (“§ NS”) and Privacy Act 1988 (where applicable) to determine the ethical issues involved in your Human QI project and summarised as follows:

Voluntary, Informed Consent (§2.2 NS)

- ✓ Participants freely able to consent
- ✓ All details of QI project clearly communicated to participants
- ✓ No deception of participants e.g. concealment of project aims, covert observation of participants
- ✓ No coercion, pressure or strong inducements to participate

Privacy and Confidentiality (§95A Privacy Act)

- ✓ Collection, use and/or disclosure of personal information has prior participant consent
- ✓ Proposed collection, use and/or disclosure of personal information is consistent with the primary purpose of collecting the data
- ✓ Participants and/or SJGHC Participating Site(s) are neither directly or indirectly identifiable in the presented/published results

Participant Vulnerability/Ethical Considerations Specific to Participants (§4 NS)

- ✓ Pregnant women & unborn child (§4.1 NS)

-
- ✓ Children & young people (§4.2 NS)
 - ✓ Independent relationship with researcher e.g. doctor with patient, manager with caregiver, etc. (§4.3 NS)
 - ✓ Palliative or Intensive Care Patients (§4.4 NS)
 - ✓ People with cognitive impairment, intellectual disability, mental illness (§4.5 NS)
 - ✓ People involved in illegal activities (§4.6 NS)
 - ✓ Aboriginal or Torres Strait Islanders (§4.7 NS)
 - ✓ People in other countries (§4.8 NS)

Perceived, Possible or Actual Conflict of Interest (§5.4 NS)

- ✓ No researcher affiliation with any of the external organisations involved in the QI
- ✓ No financial or other benefits researcher receiving from any of the external organisations involved in the QI

Risk of Harm (§2.1 NS)

- ✓ No novel and/or invasive procedures, devices and/or treatments
 - ✓ Low probability and severity of any harms:
 - physical (e.g. pain, injury, illness, ionising radiation)
 - psychological harms (e.g. distress, embarrassment, fear)
 - emotional harms (e.g. manipulation, disrespect, injustice)
 - social harms (e.g. discrimination, damage to relationships)
 - economic harms (e.g. out of pocket expenses)
 - legal harms (e.g. discovery of illegal activity & prosecution)
 - ✓ No human tissue samples (including blood)
 - ✓ No genetic material and/or information
-

RECAP

Irrespective of whether a project is research or quality improvement (QI) (otherwise referred to as QA/audit/evaluation), the same ethical principles apply. The researcher must consider whether the people involved (e.g. participants, staff or the community) will be exposed to any risk, burden, inconvenience or possible breach of their privacy. Thus, whilst being mainly “low or negligible risk”, some level of ethical consideration and oversight is necessary for “Human QI” projects, and many will trigger ethical review by a HREC.

At SJGHC, Human QI where there is an intention to publish results should be reviewed by the SJGHC HREC. This will undergo expedited review rather than a formal, full review process.

“**Pure QI**” that looks solely at processes/systems/programs and does not use data about or samples taken from people, **does not require prior ethical review by the SJGHC**. These projects should be registered with the Quality and Risk Department of the relevant SJG Division/Hospital.

Guide for Applications to Become an Authorised Prescriber of an Unapproved Product

Guidelines on how to become an authorised prescriber* of an unapproved product (under Section 19(5) or Section 41HC of the Therapeutic Goods Act 1989) can be found in the reference: *Access to unapproved therapeutic goods Authorised prescribers* (dated October 2004) which is available on the Therapeutic Goods Administration (TGA) website:

www.tga.gov.au/sites/default/files/access-authorised-prescriber-guidelines.pdf

It is the responsibility of the applicant to complete the application to become an authorised prescriber of an unapproved product (i.e. a pharmaceutical, device or biological**), as outlined in these TGA guidelines. Please note these TGA guidelines include a template Patient Consent Form which should be used along with a detailed Patient Information Sheet about the unapproved product. There is also a template Ethics Committee endorsement letter. This letter includes a section titled “Conditions imposed by the HREC.” At SJGHC, these conditions are:

1. Informed consent to be obtained from each patient or guardian for the use of the unapproved product.
2. Successful maintenance of your accreditation status/credentialing at the site covered by the endorsement.
3. Immediate reporting of any suspected unexpected serious adverse events (SUSARs) or Unanticipated Serious Adverse Device Effects (USADEs) from the use of the unapproved product.
4. Provision of regular audit reports to the SJGHC HREC to outline the number of patients for whom the unapproved product has been used, confirming any SUSARs/USADEs and demonstrating compliance with the conditions imposed by the TGA on the Authorisation.

There is a 2 step process to obtain SJGHC endorsement of Authorised Prescriber status:

1. Firstly, written endorsement of the local (SJGHC) site Credentialing Committee is required. This is to confirm that the clinician can prescribe *the unapproved product within their scope of practice*. The Credentialing Committee will also decide if any supervision and/or audit reports may be required as part of the credentialing process. NOTE: A copy of the required documents listed on the [Checklist for HREC Endorsement of Authorised Prescriber Status](#) should also be forwarded to the Credentialing Committee.

2. Secondly, written endorsement from the SJGHC HREC is required.

* NOTE: The Authorised Prescriber scheme for unapproved products is available to *medical practitioners only*. Nursing Practitioners, for instance can only administer an unapproved product via the Special Access Scheme.

** NOTE: A *therapy* is not considered a “therapeutic product” and thus falls outside all TGA approval and registration processes including Authorised Prescriber scheme and CTN processes.

Meeting and Submission Dates

NEW MORE THAN LOW RISK STUDIES REQUIRING FULL REVIEW

Submission Dates	SRC Meeting Dates	HREC Meeting Dates
14 September 2020	25 September 2020	14 October 2020
9 November 2020	20 November 2020	16 December 2020
4 January 2021	15 January 2021	10 February 2021
8 March 2021	19 March 2021	14 April 2021
10 May 2021	21 May 2021	9 June 2021
12 July 2021	23 July 2021	11 August 2021
6 September 2021	17 September 2021	13 October 2021
8 November 2021	19 November 2021	8 December 2021

NEW STUDIES FOR EXPEDITED REVIEW, LOW RISK AND NEGLIGIBLE RISK STUDIES*

Submission Dates	HREC Meeting Dates
3 August 2020	12 August 2020
7 September 2020	16 September 2020
6 October 2020	14 October 2020
2 November 2020	11 November 2020
7 December 2020	16 December 2020
1 February 2021	10 February 2021
2 March 2021	10 March 2021
6 April 2021	14 April 2021
3 May 2021	12 May 2021
31 May 2021	9 June 2021
5 July 2021	14 July 2021
2 August 2021	11 August 2021
30 August 2021	8 September 2021
4 October 2021	13 October 2021
1 November 2021	10 November 2021
29 November 2021	8 December 2021

* Please note that previously approved studies for expedited review and low or negligible risk studies will be added to the agenda for the upcoming HREC or SRC meeting. In special circumstances discussed with the SJGHC Ethics Office, these studies can be circulated for review out of session and approval is usually granted after a week.

PICF updates due to safety concerns, safety reports, local SAEs/SUSARs/USADEs and final reports are reviewed at SRC meetings. All other submissions, including amendments and annual reports, are reviewed at HREC meetings as per the dates listed above.

For administrative purposes, the SJGHC Ethics Office prefer to receive one submission per study per meeting. If you are expecting to submit more than one item per study per meeting (e.g. an updated IB and a resulting PICF amendment), please submit these items at the same time using one Submission Cover Page.

Submission Contacts

The SJGHC Ethics Office is paperless, and thus all study submissions should be sent via email. For SJGHC Divisions where there is no site contact listed below, please refer in the first instance to the SJGHC Ethics Office to obtain contact details for the CEO/relevant director in order to obtain site approval.

SJGHC HREC POSTAL ADDRESS

St John of God Health Care HREC
c/o 12 Salvado Road
SUBIACO WA 6008

SJGHC HREC OFFICE CONTACT DETAILS

Telephone: (08) 9382 6940

Facsimile: (08) 9382 6037

Executive Officer to Committee: Ms Gorette De Jesus

Email: gorette.de.jesus@sjog.org.au or ethics@sjog.org.au

Research Ethics Officer: Ms Karen Roberts

Email: karen.roberts@sjog.org.au or ethics@sjog.org.au

SJGHC DIVISION ADDRESSES

Accord (Greensborough Office)	Berwick
St John of God Accord	St John of God Berwick Hospital
PO Box 62	PO Box 101
GREENSBOROUGH VIC 3088	BERWICK VIC 3806
Accord (Mooroolbark Office)	Bunbury
St John of God Accord	St John of God Bunbury Hospital
PO Box 151	PO Box 507
MOOROOLBARK VIC 3138	BUNBURY WA 6231
Ballarat	Burwood
St John of God Ballarat Hospital	St John of God Burwood Hospital
PO Box 20	13 Grantham Street
BALLARAT VIC 3353	BURWOOD NSW 2134
Bendigo	Frankston
St John of God Bendigo Hospital	St John of God Frankston Hospital
PO Box 478	255 Cranbourne Road
BENDIGO VIC 3806	FRANKSTON VIC 3199

Geelong	Pinelodge Clinic
St John of God Geelong Hospital	St John of God Pinelodge Clinic
PO Box 1016	1480 Heatherton Road
GEELONG VIC 3220	DANDENONG VIC 3175
Geraldton	Richmond
St John of God Geraldton Hospital	St John of God Richmond Hospital
PO Box 132	177 Grose Vale Road
GERALDTON WA 6531	NORTH RICHMOND NSW 2754
Hawkesbury	Social Outreach
St John of God Hawkesbury District Health Service	Kings Square One
Locked Mail Bag No 10	Level 1, 556 Wellington Street
WINDSOR NSW 2756	PERTH WA 6000
Site Contact: Collette Pasfield collette.pasfield@sjog.org.au	
Midland	Subiaco
St John of God Midland Public & Private Hospitals	St John of God Subiaco Hospital
PO Box 1254	PO Box 14
MIDLAND WA 6936	SUBIACO WA 6904
Site Contact: Midland Research Office research.midland@sjog.org.au	Site Contact: Research Network research.network@sjog.org.au
Murdoch	Warrnambool
St John of God Murdoch Hospital	St John of God Warrnambool Hospital
100 Murdoch Drive	PO Box 316
MURDOCH WA 6150	WARRNAMBOOL VIC 3280
Site Contact: Alexis Cranfield MU.MurdochResearchGovernance@sjog.org.au	
Mount Lawley	Wembley Day Surgery
St John of God Mount Lawley Hospital	St John of God Wembley Day Surgery
Thirlmere Road	190 Cambridge Street
MT LAWLEY WA 6050	WEMBLEY WA 6008
Site Contact: Debbie Ewing debbie.ewing@sjog.org.au	

Administrative Fee Schedule

Significant SJGHC funding is required to support formal ethical review and research governance activities including record retention and archiving, as required under the recommendations of the National Health and Medical Research Council (NHMRC) and Therapeutic Goods Administration (TGA). In order to alleviate this high resource commitment and achieve some cost recovery, an administrative fee applies to all new research submissions to the SJGHC HREC.*

The administrative fee is a one-off fee to be paid at the time of initial submission of a research proposal to the SJGHC HREC, and covers any and all future amendments and extensions made to that research. This fee is also only charged once regardless of the number of SJGHC sites throughout Australia which are involved in the particular study. The administrative fee schedule is as follows:

Type of Study	Fees
Commercially Sponsored External Studies e.g. Pharmaceutical companies, commercial device companies except for Phase 1 trials/First In Human studies	\$6,000 + GST
Phase 1 trials/First In Human studies	\$7,000 + GST
Addition of New Site for Commercially Sponsored Studies	\$500 + GST
Commercially Sponsored External Studies where SJGHC will contribute patients to recruitment but will not be formally named as a primary clinical trial site	\$2,500 + GST
Not-For-Profit External Studies (excludes University applications)	\$700 + GST (charged on a discretionary basis)
University Studies e.g. Student-initiated	\$250 + GST
Internal Studies e.g. SJGHC caregiver-initiated studies	\$50 + GST

* In addition to the above, the SJGHC HREC also reserves the right to charge researchers recovery costs for any significant direct or indirect SJGHC infrastructure costs involved in a research study (e.g. SJGHC staff time, equipment use, facility/room use, etc.) at the discretion of the SJGHC HREC.

EXEMPT FROM FEES

Studies conducted under the auspices of competitive state or national research funding bodies (e.g. NHMRC grant-based studies) are exempt from fees. Not-for-profit external studies will be reviewed individually and charged on a discretionary basis. Similarly, any Phase 0 and 1 studies *which are not commercially sponsored external studies* will be reviewed individually and charged on a

discretionary basis. The intention of this administrative fee schedule is NOT to hinder research but to offset SJGHC's costs associated with the review and ongoing monitor of approved research.

PROCESS

At the time of initial submission of a research proposal, the researcher should provide the following details to the Executive Officer of the SJGHC HREC:

1. Full title of the study
2. Sponsor/researcher's name and postal address details
3. Sponsor/researcher's ABN (if applicable, for GST purposes)
4. Contact person's details (i.e. name, address & telephone) to direct tax invoice to.

SJGHC Finance will then forward a tax invoice directly to the sponsor/investigator for payment. Alternatively, researcher can make a cheque out to "St John of God Health Care" clearly stating that it is for administrative fee for study [state full study title] and forward it to the Executive Officer of the SJGHC HREC.

Useful References

Researchers may find these references helpful in conducting research:

1. *National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) [latest edition] (“the National Statement”) provides guidelines to researchers making submissions to Ethics Committees throughout Australia.
www.nhmrc.gov.au/guidelines-publications/e72

The following sections of the National Statement are commonly referred to by the SJGHC HREC in correspondence to researchers:

2.2.9: No person should be subject to coercion or pressure in deciding whether to participate. Even where there is no overt coercion or pressure, consent might reflect deference to the researcher’s perceived position of power, or to someone else’s wishes. Here as always, a person should be included as a participant only if his or her consent is voluntary.

2.2.10: It is generally appropriate to reimburse the costs to participants of taking part in research, including costs such as travel, accommodation and parking. Sometimes participants may also be paid for time involved. However, payment that is disproportionate to the time involved, or any other inducement that is likely to encourage participants to take risks, is ethically unacceptable.

2.3.6: Before approving the use of an opt-out approach for research, an HREC or, where appropriate, another review body must be satisfied that:

- a) involvement in the research carries no more than low risk (see paragraphs 2.1.6 and 2.1.7, page 18) to participants
- b) the public interest in the proposed activity substantially outweighs the public interest in the protection of privacy
- c) the research activity is likely to be compromised if the participation rate is not near complete, and the requirement for explicit consent would compromise the necessary level of participation
- d) reasonable attempts are made to provide all prospective participants with appropriate plain language information explaining the nature of the information to be collected, the purpose of collecting it, and the procedure to decline participation or withdraw from the research
- e) a reasonable time period is allowed between the provision of information to prospective participants and the use of their data so that an opportunity for them to decline to participate is provided before the research begins
- f) a mechanism is provided for prospective participants to obtain further information and decline to participate
- g) the data collected will be managed and maintained in accordance with relevant security standards
- h) there is a governance process in place that delineates specific responsibility for the project and for the appropriate management of the data
- i) the opt-out approach is not prohibited by State, federal, or international law.

2.3.9: Only an HREC may grant waiver of consent for research using personal information in medical research, or personal health information. Other review bodies may grant waiver of consent for other research.

2.3.10: Before deciding to waive the requirement for consent (other than in the case of research aiming to expose illegal activity), an HREC or other review body must be satisfied that:

- a) involvement in the research carries no more than low risk (see paragraphs 2.1.6 and 2.1.7, page 18) to participants
- b) the benefits from the research justify any risks of harm associated with not seeking consent
- c) it is impracticable to obtain consent (for example, due to the quantity, age or accessibility of records)
- d) there is no known or likely reason for thinking that participants would not have consented if they had been asked
- e) there is sufficient protection of their privacy
- f) there is an adequate plan to protect the confidentiality of data
- g) in case the results have significance for the participants’ welfare there is, where practicable, a plan for making information arising from the research available to them (for example, via a disease-specific website or regional news media)

- h) the possibility of commercial exploitation of derivatives of the data or tissue will not deprive the participants of any financial benefits to which they would be entitled
- i) the waiver is not prohibited by State, federal, or international law.

Chapter 3.1 The Elements of Research: Research may involve risks to participants. To the extent that it is appropriate, the development of clear protocols for managing any distress that might be experienced by participants during the process of data collection or conduct of research procedures is an important component of planning research.

3.1.64: Where information could be of significance to the health of participants, relatives or other family members, researchers should prepare and follow an ethically defensible plan to disclose or withhold findings or results of research.

5.1.7: For research that carries only low risk (see paragraph 2.1.6) and does not fall under any of the chapters listed in paragraph 5.1.6, institutions may choose to establish other levels of ethical review. These levels are described in paragraphs 5.1.18 to 5.1.21.

2. *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (CHA, 2001) <http://www.cha.org.au/code-of-ethical-standards>
3. *Guidelines approved under Section 95A of the Privacy Act 1988* (NHMRC, 2014) provides a framework to ensure privacy protection of (identifiable) health information (considered “sensitive information”) **collected, used or disclosed in the conduct of research** and the compilation or analysis of statistics, relevant to public health/ safety or health service management. Where there is no prior explicit consent obtained from patients for the collection, use or disclosure of their health information for research purposes, the researcher must request prior approval from a HREC. The researcher needs to demonstrate that it is impracticable to obtain an individual’s explicit consent to the use of their information, that the purpose of the research cannot be served by using non-identifiable information, and that they comply with the Guidelines under Section 95 of the Privacy Act 1988 (s95 guidelines) or the Guidelines approved under Section 95A of the Privacy Act 1988 (s95A guidelines) (as applicable) to ensure that their handling of personal information does not breach the Privacy Act 1988. NOTE: an opt-out approach (i.e. a method used in the recruitment of participants into research where information is provided to the potential participant regarding the research and their involvement, and where their participation is presumed unless they take action to decline to participate) is unlikely to constitute consent under the Privacy Act 1988. **Thus, when pursuing either a “waiver of consent” or an “opt-out approach” for the collection, use or disclosure of identifiable health information in research, a researcher is also required to meet the privacy guidelines i.e. s95/s95A guidelines.**
<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/guidelines-s95a-privacy-act-pr2.pdf>
<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/flow-chart-s95a-guidelines.pdf>
4. *Australian Code for the Responsible Conduct of Research* (NHMRC, 2018) [and related guidelines] and the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research* (NHMRC, 2018) (“the Guide”). The Code sets out broad principles and responsibilities that both researchers and institutions are expected to follow when conducting research. It applies to all research across all disciplines. Compliance with the Code is a mandatory requirement for the receipt of funding by NHMRC and ARC. The Guide sets out a model for managing and investigating potential breaches of the Code some of which may be designated as “research misconduct.”

<https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018>

<https://www.nhmrc.gov.au/sites/default/files/documents/reports/guide-managing-investigating-potential-breaches.pdf>

5. *World Medical Association Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects* (WMA, 2013)
<https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2013-JAMA.pdf>
6. *Note for Guidance on Good Clinical Practice* (TGA, 2016). Annotated with Therapeutic Goods Administration (TGA) comments, this indicates which sections of the international research guidelines ICH-GCP have been adopted by TGA to reflect local requirements. Whilst TGA, as the Australian regulatory agency for clinical trials, has adopted ICH-GCP, in some instances the National Statement requirements exceed those of ICH-GCP.
<https://www.tga.gov.au/publication/note-guidance-good-clinical-practice>
7. *The Australian Clinical Trial Handbook: Guidance on conducting clinical trials in Australia using ‘unapproved’ therapeutic goods* (TGA, 2018)
<https://www.tga.gov.au/publication/australian-clinical-trial-handbook>
8. *Access to Unapproved Therapeutic Goods: Authorised Prescribers*. This TGA webpage outlines the mechanisms and regulations that allow patients to access unapproved medicines or medical devices in Australia.
<https://www.tga.gov.au/access-unapproved-therapeutic-goods-authorised-prescribers>
9. *Ethical Considerations in Quality Assurance and Evaluation Activities* (NHMRC, 2014). Irrespective of whether a project is research or quality assurance (QA/QI/audit/evaluation), the same ethical principles apply: the researcher must consider whether the people involved (e.g. participants, staff or the community) will be exposed to any risk, burden, inconvenience or possible breach of their privacy. Thus, whilst being mainly “low or negligible risk”, some level of ethical oversight is necessary for QI activity, and some should trigger ethical review by a HREC (e.g. At SJGHC, “human QI” with an intention to publish results should be reviewed by the SJGHC HREC).
<https://www.nhmrc.gov.au/about-us/resources/ethical-considerations-quality-assurance-and-evaluation-activities>
10. *National PICF Templates and User Guide* <http://www.nationalpicf.com.au/index.html>
11. *NHMRC National Certification Scheme: Institutions with certified ethical review processes* For a current list of all NHMRC-Certified HRECs, please consult the following document.
<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/list-of-institutions-v42.pdf>
12. *Safety monitoring and reporting in clinical trials involving therapeutic goods* (NHMRC November 2016) <https://www.nhmrc.gov.au/guidelines-publications/eh59>
13. *Reporting of Serious Breaches of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods* (NHMRC, 2018) is available for download at the bottom of the following page:
<https://www.nhmrc.gov.au/about-us/publications/safety-monitoring-and-reporting-clinical-trials-involving-therapeutic-goods>

14. *World Health Organisation International Clinical Trials Research Platform (WHO ICTRP)*.
<http://www.who.int/ictcp/en/>
15. *The Australian New Zealand Clinical Trials Registry (ANZCTR)*. An online register which covers all clinical trials involving Australian/NZ researchers or participants.
www.anzctr.org.au
16. *EQUATOR Network*. This is an international initiative that seeks to promote the writing and publishing of high-impact health research. The website has a searchable library to freely access up-to-date reporting guidelines/checklists for different types of studies that can assist with protocol design, guide study conduct and ensure quality reporting of study findings.
www.equator-network.org/
17. *Code of Practice for the Exposure of Humans to Ionizing Radiation for Research Purposes* (Australian Radiation Protection and Nuclear Safety Agency, 2005)
<https://www.arpsa.gov.au/sites/g/files/net3086/f/legacy/pubs/rps/rps8.pdf>
18. *NHMRC Policy on Complaints* (NHMRC, 2016)
<https://www.nhmrc.gov.au/guidelines-publications/po01>
19. *Statement on Consumer and Community Involvement in Health and Medical Research* (NHMRC, September 2016)
<https://www.nhmrc.gov.au/about-us/publications/statement-consumer-and-community-involvement-health-and-medical-research>
20. *Keeping research on track II* (NHMRC, 2018) and *Ethical Conduct in Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* (NHMRC, 2018). These documents guide ethical health research on Aboriginal and Torres Strait Islander (A&TSI) peoples, written with a framework of A&TSI values and principles.
<https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples>
21. *Challenging Ethical Issues in Contemporary Research on Human Beings* (NHMRC, 2009) illustrates challenging issues that arise in considering human research proposals.
<https://www.nhmrc.gov.au/about-us/publications/challenging-ethical-issues-contemporary-research>
22. MJA Supplement: *Clinical Practice Guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers*.
https://www.mja.com.au/system/files/issues/186_12_180607/cla11246_fm.pdf
23. *Organ and Tissue Donation by Living Donors: Guidelines for Ethical Practice for Health Care Professionals* (NHMRC, 2007) and *Making a Decision about Living Organ and Tissue Donation* (NHMRC, 2007) outlines ethical practice for health professionals on living organ/tissue donation.
<https://www.nhmrc.gov.au/guidelines-publications/e71>
<https://www.nhmrc.gov.au/guidelines-publications/e70>
24. *Medicines Australia Guidelines for Compensation for Injury Resulting From Participation in a Company-Sponsored Clinical Trial*.
<https://medicinesaustralia.com.au/policy/clinical-trials/indemity-and-compensation-guidelines/>

25. *The Medical Technology Association of Australia (MTAA)* has a dedicated Clinical Investigation Research Agreement (CIRA), indemnity forms and compensation guidelines for commercially sponsored studies of medical technology. These documents/templates are available to download from the MTAA website and are based on those developed by Medicines Australia (for drug studies).
<https://www.mtaa.org.au/>
26. *Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide*
<http://www.bmj.com/content/348/bmj.g1687>
27. *Australian Clinical Trials: Bridging the gap between patients and clinical trials*
<https://www.australianclinicaltrials.gov.au>
28. The *Australian Privacy Principles* are the cornerstone of the privacy protection framework in the *Privacy Act 1988*. They govern the standards, rights and obligations around the collection, use and disclosure of personal information.
<https://www.oaic.gov.au/privacy/australian-privacy-principles/>
29. *The NHMRC Toolkit for Consumer & Community Involvement in Health and Medical Research 2020* is a useful resource which provides detailed information and tools on five individual areas of interest:
- a. Expectations and Value – Framework for Effective Consumer and Community Engagement in Researcher
 - b. Measuring Alignment with Consumer and Community Expectations in Research
 - c. Measuring Effectiveness of Consumer and Community Involvement in Research
 - d. Considering Impact of Research from a Consumer and Community Perspective
 - e. Self-assessment of Consumer and Community Involvement in Research
- Download from <https://www.nhmrc.gov.au/about-us/consumer-and-community-engagement>
30. *Guardianship and Administration Amendment (Medical Research) 2020 Supporting Documents* for research involving adults with impaired capacity in Western Australia
<https://rgs.health.wa.gov.au/Pages/Document-Templates.aspx>

Useful Forms

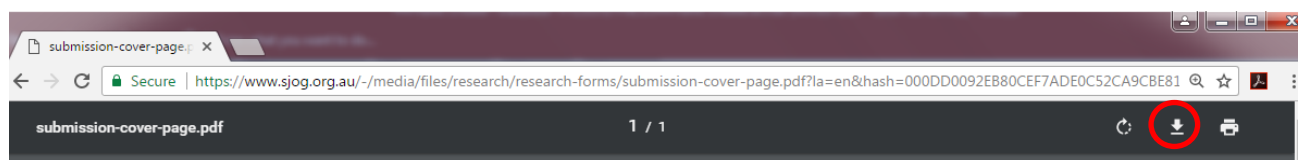
The following forms are used for submissions to the SJGHC HREC. Please click on the links below to download the most current versions of these forms. Please do not use the saved form as a template, as these forms are regularly updated and submissions will not be accepted on earlier versions of forms.

Please avoid printing and scanning the forms if possible, as the SJGHC Ethics Office is now paperless and soft copies of all documents are preferred for ease of data transfer.

HOW TO DOWNLOAD FORMS

Please note, the forms may not open in your web browser as they are dynamic PDF documents.

If you attempt to open them in a web browser PDF viewer rather than Adobe Reader, the following error message may appear:



Download button ↑

Please wait...

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader_download.

For more assistance with Adobe Reader visit <http://www.adobe.com/go/acrreader>.

Windows is either a registered trademark or a trademark of Microsoft Corporation in the United States and/or other countries. Mac is a trademark of Apple Inc., registered in the United States and other countries. Linux is the registered trademark of Linus Torvalds in the U.S. and other countries.

If the document appears as above, click on the download button in the top right corner to download (as indicated by the red circle). The form will then be visible if you open it in Adobe Reader from the Downloads folder on your computer.

Adobe Reader can be downloaded for free from <https://get.adobe.com/reader/>. Help is available at the following sites:

Windows users: <https://helpx.adobe.com/acrobat/kb/install-reader-dc-windows.html>

Mac users: <https://helpx.adobe.com/acrobat/kb/install-reader-dc-mac-os.html>

Research personnel from external organisations (such as universities) may have difficulty emailing dynamic versions of these form to the Ethics Office.

In this case, please save the completed form as a static PDF by clicking Print and selecting a PDF program, which will save the document so that the fields can no longer be edited. If this does not work, please print the form hard copy and then scan and send to the Ethics Office as a last resort.

These forms are able to be signed with electronic signatures. Please refer to [our policy](#) regarding electronic signatures for submissions.

FORM FOR ALL RESEARCH SUBMISSIONS

- [Submission Cover Page](#)

FORMS FOR NEW RESEARCH SUBMISSIONS

- Checklists for New Submissions:
(Refer to [Pathways of Ethical Review at SJGHC](#) to determine which checklist to use)
 - [More than Low Risk](#)
 - [Expedited Review](#)
 - [Low Risk/QI](#)
- [Participating Site Operational Approval Form](#)
- [Privacy Declaration for External Researchers](#)
- [Declaration of Interest](#)
- Refer to [Determining Your Research Design](#) for guidance on the design of your study

FORMS ADDRESSING SPECIFIC ETHICAL ISSUES REGARDING CONSENT

- [Checklist for Waiver of Consent](#)
- [Checklist for Opt Out Consent](#)
- [Checklist for Consent – People Highly Dependent on Medical Care](#)
- [Checklist for Consent – People with Cognitive Impairment](#)
- [Guidelines for Applications under Section 95A of the Privacy Act \(1988\)](#)

FORMS FOR APPLICATIONS TO BECOME AN AUTHORISED PRESCRIBER

- [Submission Cover Page for Authorised Prescribers](#)
- [Checklist for HREC Endorsement of Authorised Prescriber Status](#)

FORMS FOR MONITORING RESEARCH

- [Local Site SAE/SUSAR/USADE Report](#)
- [Annual \(or Interim\) Study Progress Report Proforma](#)
- [Final Study Report Proforma](#)

- [Serious Breach \(Sponsor\) Form](#)
- [Serious Breach \(Third Party\) Form](#)

Research Amendment Submission Process

Research amendments can refer to amendments made to the following:

- Study Protocol
- Participant Information and Consent Form (PICF)
- Investigator Brochure (IB)
- Study questionnaire(s), surveys, psychological scales or inventories, interview questions
- Participant documentation e.g. patient diary
- Study advertisements and other recruitment material
- Change to research personnel i.e. researcher/s added to or removed from the study
- Addition of a new SJG Participating Site (Researchers should submit a fully completed and signed PSOA for the new site should be included, CV of site investigator (where applicable), site investigator Declaration of Interest Form and Privacy Declaration Form (where applicable) and any site specific study documents e.g. PICF)

Study extensions can refer to the following:

- Extensions of time for completion of the study
- Extensions of the scope of the study e.g. increasing the sample size/participant recruitment numbers
- Extension of data analysis to include additional factors in the analysis

All submissions to the SJGHC HREC should be made using the [Submission Cover Page](#), which is to be used in lieu of a cover letter. All requests for research amendments and study extensions will be placed on the next SJGHC Human Research Ethics Committee (HREC) meeting agenda unless the amendment is due to safety concerns, in which case it will be placed on the next Scientific Review Sub-committee meeting agenda.

For administrative purposes, the SJGHC Ethics Office prefer to receive one submission per study per meeting. If you are expecting to submit more than one item per study per meeting (e.g. an updated IB and a resulting PICF amendment), please submit these items at the same time using one Submission Cover Page.

If the research amendment or study extension is considerable and represents a significant departure from the study that was originally as currently approved, a new research submission may be required.

The **ORIGINAL request** (complete request which includes each and every document and has original signatures) is to be submitted to the SJGHC Ethics Office via email to ethics@sjog.org.au in pdf (Adobe Acrobat) format. This original request must include:

1. Submission Cover Page
2. Summary of Changes (and where applicable include abbreviated, current resume and publication list of any new research personnel) / Explanation of reasons for extension
3. Clean copy of amended document(s)
4. Amended document(s) with tracked changes

NOTE: For amendments with resource/implementation implications for SJGHC, an amended Participating Site Operational Approval Form must be completed by the relevant department(s) who will be affected by the proposed change.

Adverse Event Process

Serious Adverse Events (SAEs), Suspected Unexpected Serious Adverse Reactions (SUSARs), Unanticipated Serious Adverse Device Effects (USADEs), annual trial safety updates and other related safety information are reviewed by the Scientific Review Sub-committee and then tabled at meetings of the SJGHC HREC.

Researchers should forward to the SJGHC Ethics Office via email to ethics@sjog.org.au in pdf (Adobe Acrobat) format an electronic copy of reports from the Independent Data Safety Monitoring Committee (IDMC) (or equivalent), SJGHC Local Site SAE/SUSAR/USADE Forms, and the trial SUSAR listings/annual trial safety updates and other related safety information. All safety submissions should be accompanied by a completed [Submission Cover Page](#) signed by the Principal Investigator in lieu of a cover letter.

This Protocol is a SJGHC requirement for a clinical trial's continued ethical approval. It is based on the NHMRC *Safety Monitoring and Reporting in Clinical Trials Involving Therapeutic Goods* (November 2016). Researchers who do not meet the following requirements may have the SJGHC HREC approval withdrawn. Please note, the guidelines refer to safety reports being provided directly from the sponsor to the HREC. For practical reasons, it is preferred that these reports are provided to the SJGHC HREC by the Site Investigators.

LOCAL SITE EVENTS (SAES, SUSARS AND USADES OCCURRING ON A SJGHC SITE)

1. Researcher is required to report local site SUSARs or USADEs immediately to the SJGHC HREC on the designated SJGHC SAE/SUSAR/USADE Form, and all other local site SAEs promptly as and when these are resolved.
2. To allow the SJGHC HREC to monitor both local and other site SAEs/SUSARs/USADEs with perspective and ensure that any changes in the benefit/risk balance of a clinical trial are compatible with continued ethical approval, the researcher is also required to provide the following:
 - a. Their own opinion in regard to potential impact of SAEs/SUSARs/USADEs on need for action and continued ethical acceptability of a clinical trial. There are specific questions within the SJGHC Local Site SAE/SUSAR/USADE Forms which address these safety issues.
 - b. Copies of reports from the Independent Data Safety Monitoring Committee (IDMC) (or equivalent) as and when these are received. This will provide further advice as to whether the safety information requires or indicates the need for a change in the trial protocol including changed safety monitoring.

SAES, SUSARS AND USADES OCCURRING AT OTHER AUSTRALIAN AND INTERNATIONAL SITES

3. Researchers are NOT required to complete the designated SJGHC Local Site SAE/SUSAR/USADE Form for individual SAEs, SUSARs and USADEs from all other Australian and international sites.
4. Researchers are NOT required (unless the researcher, sponsor or SJGHC HREC considers it necessary for a specific clinical trial due to its risk, size or complexity, or as required for other

purposes e.g. insurance arrangements) to report individual SAEs, SUSARs and USADEs from all other Australian and international sites.

SIX MONTHLY LINE LISTINGS/SUSARS

1. As per the most recent Safety and Monitoring Guidelines published by the NHMRC in November 2016, researchers are NOT required to provide to the SJGHC HREC a six monthly listing of all SUSARs.

ANNUAL TRIAL SAFETY UPDATES

1. Researchers are required at least annually, to provide to the SJGHC HREC a trial safety update that appropriately reviews safety information in the previous 12 months. Depending on whether the trial is commercially sponsored, investigator or collaborative group sponsored, this trial safety update may take one or more of the following formats:
 - a. updated investigator brochure (IB);
 - b. current, approved Product Information (PI);
 - c. an European Union Annual Safety Report (ASR);
 - d. other trial update reports consistent with section 5.5.5 of the National Statement and Good Clinical Practice (GCP) as adopted by the Therapeutic Goods Administration (TGA).

SIGNIFICANT SAFETY ISSUES (SSI)

1. A Significant Safety Issue (SSI) can adversely affect the safety of participants or materially impact on the continued ethical acceptability of a trial. Often, SSIs do not fall within the definition of a SUSAR or USADE. They are not reported as SUSARs or USADEs, but require other action such as eliminating the immediate hazard to participant safety, or an amendment, temporary halt or early termination of a trial. SSIs should be submitted to the SJGHC HREC on the [Submission Cover Page](#) as a Safety Update.

Serious Breaches

PREAMBLE

One of the conditions for ethical approval is the reporting of serious breaches to the SJGHC HREC. Sponsors and researchers should be aware of and comply with the reporting framework for protocol deviations and serious breaches as described in:

1. [Reporting of Serious Breaches of Good Clinical Practice \(GCP\) or the Protocol for Trials Involving Therapeutic Goods \(NHMRC, 2018\).](#)

The purpose of this framework is to enable the escalation of issues concerning both participant safety and data reliability in clinical trials involving therapeutic goods.

SJGHC has adopted this reporting framework as summarised below - *extending these* reporting requirements to apply to *all* clinical research (regardless of whether high or low risk). For example, for a low risk study a protocol deviation/serious breach may reflect a data reliability issue rather than a participant safety issue and is required to be reported to the SJGHC HREC. In the case of a low risk study which is investigator-initiated and does not have a commercial sponsor, the Principal Investigator is to undertake the role of sponsor with regards to the reporting framework below.

For further detail and examples of what constitutes a serious breach, please refer to the above NHMRC reference available online at the NHMRC website.

PROTOCOL DEVIATIONS & SERIOUS BREACHES

A **protocol deviation** is any breach, divergence or departure from the requirements of Good Clinical Practice (GCP) or the clinical trial protocol. A **serious breach** describes a small sub-set of protocol deviations that are deemed likely to affect to a significant degree a) the safety or rights of a trial study participant, or b) the reliability and robustness of the data generated in the clinical trial. Serious breaches require Sponsors to conduct a root cause analysis and are required to be reported to the SJGHC HREC. The SJGHC Site Principal Investigator (PI) should also report serious breaches occurring on SJGHC sites to SJGHC site management as they may impact on medico-legal risk, the responsible conduct of research (refer to SJGHC [Research Conduct](#) and [Protocol to Address Complaints about Research Conduct](#) in this Research Handbook), or adherence to contractual obligations.

The majority of serious breaches should be identified by the Sponsor either through their routine monitoring of clinical trials or through direct reporting of protocol deviations from trial sites/Pis. However, third parties (i.e. an entity other than the Sponsor) may also report suspected breaches which are yet to be formally confirmed as a serious breach by the Sponsor.

Whilst GCP requires that all protocol deviations be reported to the trial Sponsor, only serious breaches are required to be reported to the SJGHC HREC as soon as they are identified. Minor protocol deviations are still required to be reported to the SJGHC HREC in the SJGHC Annual/Interim Report, as numerous or persistent minor deviations in aggregate may constitute a serious breach if they impact on the safety/rights of participants or the reliability/robustness of data (see Appendix III of the above guideline).

SERIOUS BREACH NOT TO BE CONFUSED WITH “BREACH OF THE CODE”

Note: Some protocol deviations/serious breaches (particularly repeated or persistent breaches of GCP or the protocol) may be considered as a “breach of the Code” (*The Australian Code for the Responsible Conduct of Research*, NHMRC 2018) or constitute research misconduct. There is a separate reporting process for allegations of “breaches of the Code” and “research misconduct” as detailed in the *SJGHC Research Handbook*.

REPORTING SERIOUS BREACH (SPONSOR) OR SUSPECTED BREACH (THIRD PARTY) TO THE SJGHC HREC

Sponsors should complete the SJGHC Serious Breach Report Form, forwarding this report to the SJGHC HREC within 7 calendar days of confirming a serious breach has occurred (and provide follow-up reports when required). The Sponsor should also notify the site PI of serious breach within 7 calendar days of confirming a serious breach has occurred. *The Sponsor also has obligations to notify the TGA and the SJGHC HREC if the serious breach leads to the closure of the site/study.*

As an exception, third parties (e.g. Site PI) in liaison with their institution may also report a suspected breach directly to the SJGHC HREC (rather than the Sponsor within 72 hours of becoming aware of the suspected breach) via the SJGHC Suspected Breach Report Form.

The role of the SJGHC HREC in reviewing a serious breach is to evaluate the impact of the serious breach on the continued ethical acceptability of the study and to satisfy itself that the serious breach is managed appropriately. Where a third party has notified the SJGHC HREC of a suspected breach, the SJGHC HREC will inform the Sponsor of this and ask for written confirmation as to whether they consider it a serious breach, requesting an explanation/justification of the Sponsor’s position.

The participating institution (e.g. SJG Division/site where the trial is being conducted) is obliged to inform the SJGHC HREC if a serious breach leads to withdrawal of participating site approval for the study.

All Serious Breaches and Suspected Breaches with details of corrective and preventive actions (CAPAs) should be submitted to the HREC with a completed [Submission Cover Page](#). The SJGHC HREC will address the acknowledgement letter to the party that submitted the deviation or serious breach (i.e. sponsor or PI), copying in any other relevant parties unless requested not to do so.

Fostering Clinical and Health Service Research at SJGHC

PREAMBLE

Research is pivotal to the acquisition of new knowledge, the continuous quality improvement in healthcare and the delivery of health service excellence. SJGHC acknowledges the importance of research and encourages clinical and health service research of a high ethical and scientific standard, with the ultimate regard for participant welfare.

SJGHC's Vision, Mission and Values promote a holistic and comprehensive approach to health care which respects the intrinsic and unique dignity of each human person and endeavours to nurture the whole person: their physical, intellectual, social and spiritual wellbeing. This Catholic ethical basis for SJGHC's activities extends to research: research is not merely a scientific pursuit and a good end in itself. Research is about continuing the healing ministry of Jesus Christ and promoting a culture of life.

PURPOSE

The purpose of this document is to provide an overview of how SJGHC fosters clinical and health service research of a high ethical and scientific standard with the ultimate regard for participant welfare. This overview is also a means of demonstrating SJGHC's performance against *The Australian Council on Healthcare Standards (ACHS) National Safety and Quality Health Service (NSQHS) Standards (2nd Edition) Accreditation Program and the ACHS Evaluation and Quality Improvement Program (EQuIP)* (ie EQuIP 6 and subsequent editions) standards, specifically related to research governance and the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Clinical Trials Governance Framework. The National Clinical Trials Governance Framework which is due to be piloted throughout 2020 before being formally launched in 2021, aligns with both the Commission's existing NSQHS Standards (2nd Edition) and the National Model Clinical Governance Framework. This is a step towards nationally consistent accreditation of health services undertaking clinical trials in Australia.

SCOPE

"SJGHC Research" refers to all research ranging from low risk to high risk and from bench-top to bedside. Thus it is inclusive of projects such as human quality improvement projects/audits, registries/databanks and biobanks, student projects, interventional studies and clinical trials of novel drugs, devices, and therapies. This research occurs on SJGHC premises (including tenancies/private consultancy rooms situated within SJGHC), and/or involves SJGHC patients/clients, SJGHC caregivers (including SJGHC accredited practitioners) or SJGHC facilities/services. SJGHC Research is conducted by SJGHC caregivers, accredited practitioners or external researchers. The research may be investigator-initiated, conducted by a Cooperative Research Group (CRG) such as a university, research institute, clinical speciality college, other hospital, etc, or commercially sponsored, or a combination of the above, otherwise known as "SJGHC collaborative research." Lastly, this research can be single site or multicentre and multicentre consist of studies within one or more Australian jurisdictions or be multicentre global/international studies. There are a number of the same studies

which occur in one or more SJG Hospitals/Divisions. For reporting purposes, research that is conducted across one or more SJG Hospitals/Divisions is only counted once in the total figure of studies conducted for SJGHC.

THE SJGHC RESEARCH GOVERNANCE FRAMEWORK

The SJGHC Research Governance Framework aims to ensure that all SJGHC Research is: 1. high quality, 2. integrated into routine service provision, 3. patient-centred/consumer-focused, and 4. undertaken safely so as to minimise the risks to key stakeholders e.g. research participants, researchers, caregivers, as well as to SJGHC as a whole. In this way, SJGHC Research is focused on translating into clinical practice the best available clinical evidence along with what is important to the patient/client, their families and the broader community in terms of outcomes and lived experience. Through research, SJGHC can deliver clinical excellence and value-based care: adapt to the changing healthcare landscape and embrace the technological advancements in medicine and in information and communication technology (ICT), whilst consistently delivering compassionate and person-centred care as per our Ministry.

The SJGHC Research Governance Framework supports the conduct of research to improve the safety and quality of health care in the following ways:

1. SJGHC abides by the *Code of Ethical Standards for Catholic Health and Aged Care Services* (Catholic Health Australia, 2001) (“the Catholic Code”), the *National Statement on Ethical Conduct in Human Research* (NHMRC, 2007 [latest version]) (“the National Statement”), the *Australian Code for the Responsible Conduct of Research* (NHMRC, 2018) (“the Research Code”), other applicable guidelines/statements and relevant state/territory and federal legislation.
2. At an organisational level, SJGHC has an overarching, group policy *Research Involving Humans* which governs the quality of research in the organisation: providing guidelines for the research process at SJGHC and also outlines principles for the disclosure and management of conflicts of interest in the specific context of research.
3. The SJGHC Ethics Office has the role of central coordination, overseeing the review and approval of new research proposals, and under its leadership, overseeing the ongoing monitoring of approved research to the point of study completion. As the central repository for the organisation’s research records, the SJGHC Ethics Office is responsible for the management and maintenance of these research data records. The office also has a key role in providing educational resources, guidance on and/or coordination of training in ethics and research matters as part of induction and continuing education for members of the SJGHC Human Research Ethics Committee (HREC) and Scientific Review Sub-committee (SRC), SJGHC caregivers and researchers. However, each SJGHC Division participating in a particular study (“the SJGHC Participating Site”) is ultimately responsible for final study approval, monitoring of approved research at its site, its research data management and retention (including databanks), and the provision of ethics and research training for its caregivers.

RESEARCH DESIGN, REVIEW AND APPROVAL

The research design, review and approval process is open and transparent, well communicated, timely and effective.

1. This *SJGHC Research Handbook* is widely available to the public. It is the standard operating procedures (SOP) manual detailing the guidelines, protocols and resource information to assist in the design of an “ethical” research study, outlining the process of how to make a research submission to the Committee and the requirements to maintain ethical approval throughout the duration of a study, and including the forms and documentation required to obtain and maintain ethical approval. The *SJGHC Research Handbook* can be downloaded from the SJGHC website.
2. SJGHC publicises the meeting and submission dates a year in advance.
3. The SJGHC Ethics Office, research governance offices within SJG Hospitals/Divisions and other SJGHC research support caregivers within SJGHC are able to provide to researchers particularly novice researchers, preliminary advice on and support with scientific design and research methodology, study submission paperwork and obtaining participating site operational approval and legal approval of research. Researchers can also seek guidance on suggested research topics, who may be available to provide supervision, potential funding sources, collaborative opportunities, etc.
4. All researchers are encouraged to engage consumers (ie patients and other key stakeholders in the research) in all aspects of research from conceptualisation, research design, through to research conduct, sharing of research results and translation of research results into practice. The SJGHC Participating Site Operational Approval Form (PSOA) which all researchers are required to complete as part of their submission of a proposed study, specifically requests details of consumer engagement in the proposed study.
5. Researchers are advised in writing of the outcome of meetings within approximately a week by email. Researchers should either print or save this email correspondence for their research records.
6. The SJGHC Research Governance Framework allows researchers to respond to queries and to have these reviewed promptly. Researchers are welcome to attend scheduled meetings to outline their research and address outstanding queries. Queries can also be reviewed out of session to avoid a wait until the next scheduled meeting(s).
7. The Terms of Reference for the SJGHC HREC and SRC, which are reviewed annually, are available to the public as part of the *SJGHC Research Handbook*.
8. The SJGHC HREC is accountable to and reports to the SJGHC Governing Board via the Group Chief Executive Officer.

PROJECT MANAGEMENT, DEDICATED RESOURCES AND INFRASTRUCTURE

SJGHC promotes sound research project management and ensures appropriate and sufficient resourcing of research.

1. There is a dedicated budget for the SJGHC Ethics Office. SJGHC Divisions also dedicate budget components towards research governance.
2. There are funding monies made available for SJGHC research infrastructure and research project sponsorship via the SJG Foundation e.g. the Jean and John Tonkinson Research Foundation, which has been funding colorectal cancer research at SJG Subiaco Hospital.

3. There are funding monies allocated for research and ethics training of SJGHC caregivers, researchers and members of the SJGHC HREC and SRC to support them in their respective roles and ensure they can perform their duties. For example, as a collaborating partner of the Western Australian Health Translation Network (WAHTN), SJGHC caregivers and accredited practitioners have complimentary access to a range of WAHTN online research and ethics educational courses including Good Clinical Practice (GCP) TransCelerate credentialed training. The SJGHC Ethics Office also runs a face to face monthly research and ethics education program which is open to all internal and external researchers, research personnel and others collaborating with SJGHC in the conduct and/or review of research. The sessions are held in a rotating fashion across the WA SJG Hospitals in Subiaco, Murdoch, Midland and Mt Lawley.
4. There are dedicated personnel and infrastructure (i.e. clinical trial units, clinical trial administrators/research assistants) throughout the organisation e.g. oncology clinical trials units at SJG hospitals in Subiaco, Murdoch and Bunbury.
5. Many SJGHC Divisions have caregivers whose role it is to promote, support and coordinate research in a particular specialty e.g. Research Coordinator, Emergency Dept., SJG Murdoch Hospital, and Research Coordinator, Dept. of Anaesthesia, SJG Subiaco Hospital.
6. There is a Research Operations Manager position (or equivalent role) at SJG hospitals in Subiaco, Murdoch and Midland, who oversees day to day operational management of and support for research including the finances, resources and research personnel within the hospital.

RISK MANAGEMENT

The ultimate consideration in research is participant welfare and the potential benefits which can be derived from the research for participants (as individuals or a group). Ethical research requires a thorough assessment of the risks against the benefits, and ultimately a judgment on whether the potential benefits of the research justify the risks.

1. Risk management is commensurate with the type of research and its inherent risk (i.e. potential for harm, discomfort or inconvenience) and with due consideration for the categories of study participants involved (i.e. their vulnerabilities, choices, experience, perceptions and values). With the above considerations, research submitted to SJGHC is categorised as either “negligible risk”, “low risk” or “high risk.”
2. There are various layers of review of new research proposals and ongoing monitoring of approved research at SJGHC, including the following:
 - a. SJGHC SRC – reviews research for scientific merit and validity including major protocol amendments. The SRC also reviews serious adverse events (SAEs) that occur in the context of clinical trials, in particular suspected unexpected serious adverse events (SUSARs) or unanticipated serious adverse device effects (USADEs).
 - b. SJGHC HREC – reviews research for ethical approval and monitors research progress (via annual and final study reports) including any trial SAEs/SUSARs/USADEs.
 - c. SJGHC Participating Site – reviews site research from an operational/logistical perspective and monitors study progress including any local SAEs/SUSARs/USADEs.
 - d. SJGHC Legal Services – reviews research from a legal perspective e.g. indemnity and insurance coverage, Clinical Trial Research Agreements (CTRAs) and other contractual arrangements to cover particulars e.g. intellectual property and publication rights.

3. Depending on the “risk” of the research, there are 3 basic pathways of ethical review and approval:
 - a. **Formal/Full Review:** This pathway is for studies which are “More than Low Risk” e.g. clinical trials. The SRC will firstly review the research for scientific merit, validity and safety. The researcher will be given the opportunity to reply to any scientific queries and may attend the SRC meeting to outline their study and address any queries in person, before the study then proceeds to the SJGHC HREC. Approximately within a week of the meeting, the researcher will receive written confirmation of the outcome of ethical review and provided all other approvals have been granted, final study approval from SJGHC.
 - b. **Expedited Review:** This pathway is for "low risk" studies that include many of the Quality Improvement (QI) projects with a human component and case studies, as well as studies that are more than low risk which have already been approved by an NHMRC-certified HREC. QI Projects in Health Services (refer to [Information and Advice for Researchers Making New Submissions](#) in the *SJGHC Research Handbook*) details the QI that requires ethical consideration (i.e. QI conducted with or about people) and the pathway of ethical review and approval for human QI.
Ethical review of "low risk" studies is conducted by either the SRC or the SJGHC HREC (depending on which Committee has the next scheduled meeting). For Case Studies these may undergo an expedited review process out of session by a select member(s) of the SJGHC SRC/HREC and approved by the Chairman of the SJGHC HREC (as delegated authority), with reporting to the SJGHC HREC at its next scheduled meeting. Studies which are “More than Low Risk” but have been approved by an NHMRC-Accredited hospital-based HREC may also be approved via an Expedited Review pathway as per the [Checklist for New Submissions – Expedited Review](#) in the *SJGHC Research Handbook*.
 - c. **Exempt from Review:** For “negligible risk” studies, there is no formal review but notification is made to the Chairman/Executive Officer of the HREC e.g. research using existing collections of data/records that contain only non-identifiable data. A record of these studies will be kept as with all other research.
4. SJGHC has an established system for research adverse event reporting and review. Refer to [Adverse Event Process](#) in the *SJGHC Research Handbook*.
5. SJGHC protocols on research conduct and research data management and retention (refer to [Research Conduct](#) and [Research Data Management and Retention](#) in the *SJGHC Research Handbook*) attempt to minimise risks to researchers conducting research, risks to the organisation and risks to research participants.

PRIVACY AND CONFIDENTIALITY

Privacy and confidentiality of participants in research is safeguarded:

1. External researchers are required to sign a Privacy Declaration Form.
2. Members of the SJGHC HREC and SRC are required to sign a Confidentiality and Privacy Declaration Form.
3. Research is reviewed by the SJGHC HREC to ensure it addresses requirements of the *Privacy Act (1988) Cth (2014)*, the *Australian Privacy Principles (APPs)*, and the *NHMRC Guidelines approved under Section 95(A) of the Privacy Act*.

RESEARCH INTEGRITY

Research integrity is maintained through management of potential and actual conflicts of interest, as well as appropriate complaint processes:

1. Researchers are required to sign a Declaration of Interest Form.
2. Members of the SJGHC HREC (and the SRC), as well as any others (e.g. invited experts, persons who are “observers only”) in attendance at these Committee meetings are required to sign a Conflict of Interest Declaration Form (refer Appendix A). In addition, any potential or actual COIs are documented in the HREC and SRC minutes on a per meeting basis.
3. Research participants are alerted to the fact that they can make confidential contact with the SJGHC HREC through the Executive Officer, should they have any concerns about a research study or researcher.
4. Researchers are made aware, through the *SJGHC Research Handbook*, that there is an organisational process to address any concerns they may have with the review and approval process of their research.
5. SJGHC has a separate, confidential process to review and manage breaches of the Research Code and more serious allegations of research misconduct (refer to [Research Conduct](#) in the *SJGHC Research Handbook*).

TARGETED RESEARCH AND CONTINUOUS QUALITY IMPROVEMENT

Decisions about research priorities and practices take into consideration the specific needs of SJGHC’s patients/caregivers participating in the research:

1. A significant proportion of Australian cancer patients are cared for in the private health sector but are limited in their access to the latest oncology clinical trials. Many SJGHC Divisions are able to provide to their privately insured cancer patients, the opportunity to participate in the latest oncology clinical trials.
2. A Professorial Chair of Perinatal and Women’s Mental Health (a first in Australia), established by SJGHC in partnership with the University of NSW, is able to conduct leading research into perinatal health, which in turn is contributing to improving the quality and effectiveness of SJGHC’s perinatal mental health services. Similarly, SJGHC in partnership with the University of New South Wales has the only Professional Chair in Trauma and Mental Health in Australia, conducting post-traumatic stress disorder (PTSD) research and providing much needed support for our many war veterans and crisis service personnel. The jointly appointed SJG and Barwon Health Chair of Orthopaedics based in Geelong, Victoria, in association with Deakin University, is able to attract substantial research and educational grants that allows for ongoing teaching and education of medical students, registrars and surgical fellows, as well as research into for e.g., outcomes of shoulder and wrist surgery, upper limb osteoarthritis and joint replacement surgery and a range of trauma.
3. At SJG Subiaco Hospital there are various established biobanks (e.g. Colorectal Cancer Biobank) which are being accessed for the latest human genetic research – by internal and external researchers. Human genetics is the “new frontier” in research. It has the potential to offer significant breakthroughs in diagnosis and treatment for many diseases and conditions with a

genetic component, by tailoring pharmaceuticals and other therapies to an individual patient's genetic makeup.

4. A focus of SJGHC's research efforts has been in relatively new disciplines of Palliative Care and Pastoral Care – both of particular relevance to Catholic teaching. Palliative care research aims to improve both the clinical management of SJGHC palliative care patients and the support provided to patients' families. Pastoral care research aims to better respond to the diverse spiritual, religious and emotional needs of people (patients, families and carers) as they journey through times of illness and associated uncertainty. Palliative Care and Pastoral Care are integral to SJGHC person-centred care. These tend to be under-researched areas in which, as per its Mission, Vision and Values, SJGHC can potentially make significant improvements towards providing holistic and comprehensive care to patients and their families.

INTERNAL PROMOTION OF RESEARCH

The SJGHC Research Program promotes the development of knowledge and its application throughout the organisation and wider community. As a leading Australian private health care provider, research at SJGHC is being integrated into its services and conducted as part of routine clinical practice. Thus, the focus and priorities for SJGHC research reflects the profile of, and is centred on the needs of, its patients, their families and communities, and/or its caregivers.

1. The brochure *St John of God Health Care Human Research Ethics Committee* and the ethics tool kit for managers *Role of SJGHC Human Research Ethics Committee* (both available from the SJGHC Ethics Office), the *SJGHC By-laws for Medical and Dental Practitioners* (latest edition), and the protocol on research conduct (refer to [Research Conduct](#) in the *SJGHC Research Handbook*) outline the specific role and responsibilities of the SJGHC HREC, SJGHC researchers, and SJGHC Participating Sites (managers) in the review and conduct of ethical research. The protocol on research conduct also covers the process for review and management of breaches of the Research Code as well as more serious allegations of research misconduct.

EXTERNAL PROMOTION OF RESEARCH

SJGHC promotes itself as a centre for research and actively protects its reputation and relationships with external entities in the conduct of research:

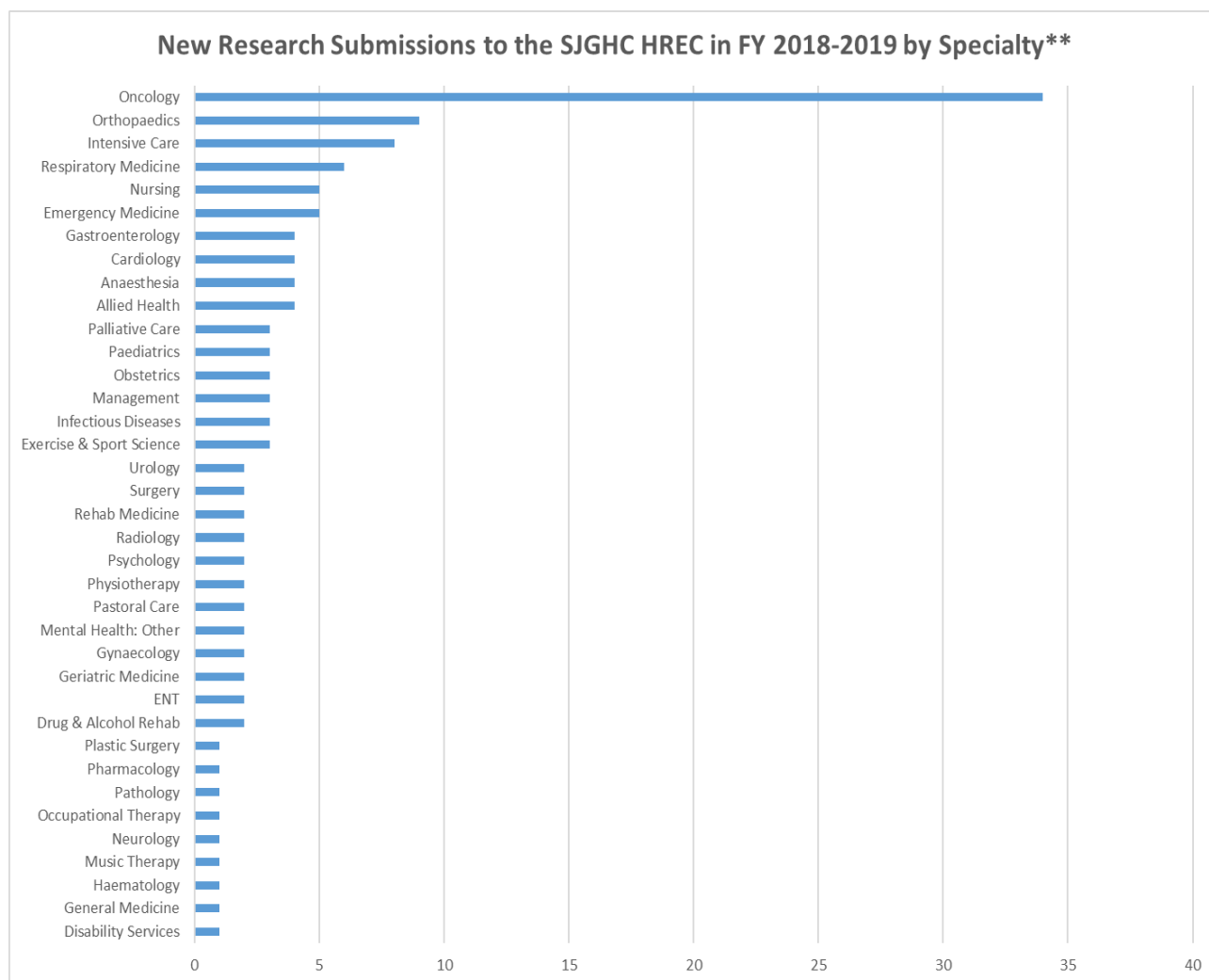
1. SJGHC caregivers, clinicians, SJGHC patients and their families are provided with support and opportunities to participate in various levels of research (i.e. from case studies, human quality improvement (QI) projects and small, local pilot studies to multicentre phase I, II, III and IV clinical trials of new drugs/medical devices), with differing degrees of risk (i.e. negligible risk, low risk, through to higher risk research), from a variety of internal and external sources (i.e. commercially sponsored clinical trials, studies from research institutes, universities, grant-awarded research, student studies, investigator-initiated studies, etc.), in different types of research both qualitative and quantitative (e.g. interviews, observational, focus group studies, epidemiological research and/or genetic research which may use biobanks/databanks, registries, clinical drug/device trials, innovative therapy or other intervention studies), and covering a wide variety of both clinical and non-clinical specialties/sciences (e.g. medical, nursing, allied health, social sciences, humanities and management). SJGHC caregivers receive support to engage in research e.g. research funding, study leave, sponsorship, mentoring, access to local specialised resources and facilities.

2. SJGHC caregivers and clinicians are encouraged to conduct and engage in internal QI/audits as well as more formal research that has the potential to benefit their immediate workplace practice.
3. Formal collaborative research endeavours are actively sought with other organisations such as universities, other health care providers and cooperative research groups. Within nursing, there are various collaborative arrangements to develop nursing research that has the potential to contribute to improvements in nursing practice at SJGHC. SJG Murdoch Hospital and Notre Dame University have a joint appointment: a Professorial Chair of Nursing Research. Research collaborations in other clinical specialities include the St John of God and Barwon Health Chair Orthopaedic Surgery in partnership with Deakin University. This position is based at SJG Geelong Hospital and aims to develop the regions academic, clinical and research capability in orthopaedic surgery.
4. SJGHC research and research outcomes are publicised to both caregivers and the broader community through SJGHC's annual report, internal management reports (e.g. trends in research activity), through the SJGHC intranet and website, and through published papers in professional journals, and presentations at conferences/seminars.
5. Formal deeds/clinical trial agreements which cover intellectual property rights and publication practices ensure that research results/findings are appropriately translated into SJGHC clinical practice to improve its service delivery and clinical outcomes.
6. SJGHC has a close working relationship with the LJ Goody Bioethics Centre which provides ongoing advice on clinical and research ethics issues and to reflect the CHA Code and Catholic medico-moral principles. The Director of the LJ Bioethics Centre is currently a core member of the SJGHC HREC. In this way, SJGHC guards against clinical and research situations which may bring it into disrepute with the Catholic Church. SJGHC is thereby able to maintain its relationship with the Catholic Church, and operate as a ministry of the Catholic Church.
7. Agreements with the Barwon Health HREC to conduct ethical review and monitoring of research proposals that are conducted across both the local public and private hospitals (i.e. at SJG Hospitals in Geelong and Warrnambool), and the SJGHC membership included in the local Ballarat HREC (i.e. for SJG Ballarat Hospital), ensure that Catholic ethics is part of the HREC ethical review and deliberations for local collaborative research conducted by both SJGHC and the public health sector.

KEY PERFORMANCE INDICATORS/RESEARCH OUTCOMES

Number of Approved New Research Submissions per Site in FY 2018-2019*							
Subiaco	65	Bunbury	7	Hawkesbury	3	Ballarat	1
Midland	32	Bendigo	6	Burwood	2	Berwick	1
Murdoch	31	External	4	Richmond	2	Murdoch Hospice	1
Private Rooms	7	Mt Lawley	2	Accord	2	Geraldton	1
Geelong	7	Warrnambool	3	Frankston	1	Pinelodge	0

* Some research is conducted in more than one SJGHC site. These figures represent the number of new research projects being conducted at each site.



** This is the absolute number of new research submissions approved by the SJGHC HREC. In FY 2018-2019, the total number of new approved research submissions was 134.

STRATEGIC PLAN FOR RESEARCH

Our strategic intent as outlined in the SJGHC Strategy 2020-2022, is to be the best performing healthcare organisation in Australia by 2025. This means being the top performer in relation to patient safety, patient outcomes and patient experience, focusing on existing and unmet need in Australia and building on the provision of healthcare which extends to the following: acute and sub-acute hospital care, ambulatory and inhome care, mental health services and services for the marginalised.

There are three strategic themes: 1. Patient and Client Experience, 2. Clinical Excellence and 3. Services Profile for the future, underpinned by two strategic enablers: 1. Strengthening our Culture and 2. Optimising our Processes and Relationships. This strategy is guided by our SJGHC Mission (to continue the healing mission of Jesus) and our Vision (we are recognised for care that provides healing, hope and a greater sense of dignity, especially to those most in need). The conduct of high quality, ethical research is one means of achieving our strategic intent and is an investment in the future health of the community SJGHC serves.

It is important that new research opportunities are encouraged which continue to have regard for the SJGHC Mission and Vision and focus on areas of clinical importance, strength and organisational relevance – and in particular can be translated into improvements in healthcare. Ideally, research should be collaborative and multidisciplinary ie partnering with our doctors and conducted with the input of experts and key stakeholders both within and outside of SJGHC and across multiple disciplines and informed by evidence from the various sciences/specialties, so as to move “from bench to bedside”: from laboratory experiments and clinical trials to actual point-of-care patient applications.

The strategic focus on research incorporates a commitment to collaborative and multidisciplinary research as follows:

1. Facilitation of the delivery of Clinical Excellence – improved patient outcomes and targeting zero preventable harm, by promoting continuous evaluation and learning.
2. Fostering an engaged workforce that is motivated to deliver Clinical Excellence, by providing opportunities for caregivers and accredited practitioners to engage in research activities, and actively supporting these efforts.
3. Attracting and retaining the highest quality caregivers and accredited health professionals, by enhancing SJGHC’s reputation as a centre of research excellence and supporting caregivers in their research ethics education and research skill development.
4. Supporting efficient provision of healthcare and demonstrating value for money and sound stewardship of scarce resources, by evaluating current practices and introducing evidence-based innovative solutions and technologies fit for purpose which are supported by high level data and analytics, to eliminate wasteful activities.
5. Assistance in improving the patient/client journey ie experience of end to end care processes and addressing areas of local community need, by actively engaging with consumers and relevant external agencies to define these priorities, evaluate outcomes of SJGHC initiatives, demonstrate applied translational (evidence-based medicine), and publicly report on clinical safety and service quality.

APPENDIX A



Conflict of Interest Declaration and Confidentiality Agreement

This form is to be signed by ALL St John of God Health Care (SJGHC) Human Research Ethics Committee (HREC) Members, SJGHC Scientific Review Sub-Committee (SRC) members and ALL other persons in attendance at SRC and/or SJGHC HREC meetings.

This declaration acknowledges my obligations to:

- declare any real, perceived or potential conflict of interest that may arise in the course of (please circle appropriate description(s) below):
 - (a) the performance of my duties as a *member of the SJGHC HREC*
OR
 - (b) the performance of my duties as a *member of the SRC*
OR
 - (c) as an *invited researcher*, providing advice on a specific study(ies) being considered by the SJGHC HREC and/or SRC
OR
 - (d) as an *invited expert*, providing advice on a specific study(ies) being considered by the SJGHC HREC and/or SRC
OR
 - (e) as an *invited attendee*, observing the proceedings of the SJGHC HREC and/or SRC
- maintain confidentiality about information acquired by me at SJGHC HREC and/or SRC meetings.

I Declare that:

1. **I will not make public or disclose any confidential information acquired by me in the performance of my duties as a SJGHC HREC/SRC member/invited researcher/invited expert/invited attendee.**
2. **If I discover any real, perceived or potential *conflict of interest** in the research to be reviewed by the SJGHC HREC/SRC, I will immediately inform the SJGHC HREC/SRC and accordingly refrain from providing my advice on the relevant study(ies) OR be required to be excused from Committee deliberations.**

*A *conflict of interest* may relate to financial interests, other private, professional or institutional benefits or advantages that depend significantly on the research outcomes. A conflict of interest may arise due to personal involvement or participation in the research, financial or other interest or affiliation with the research, or involvement in competing research.

Name: _____

Signature: _____

Date:

Time Limits on Research

A patient cannot give indefinite consent to access personal health data (e.g. from health records). When they consent to participate in a study, patients must be made aware of, and consent to, a specified time period for which their health data will be available to the researcher. The following Protocol is a requirement for the St John of God Health Care (SJGHC) Human Research Ethics Committee (HREC) approval.

SPECIFIC TIME PERIODS

1. For each new research application submitted for review to the SJGHC HREC, the researcher must specify:
 - a. The time period for which access is required to a patient's health data/health records ("data collection phase"). The precedent for the data collection phase is no longer than 3 years.
 - b. The time period for the study as a whole ("study time period). The study time period will normally be longer than the data collection phase, and will vary with the complexity of the research.
 - c. In the case of Registries and Biobanks (with an indefinite finish date) the SJGHC HREC may approve the study with no stated finish date.
2. Both the data collection phase and the study time period must be defined in the research application and in the Patient Information and Consent Form (PICF) by specific commencement and completion dates.
3. The researcher may not access data after the data collection phase has expired, unless an extension has been granted by the SJGHC HREC.

EXTENSIONS

4. The researcher wishing to extend the specified time periods (either the data collection phase or the study time period), is required to make application to the SJGHC HREC. The relevant periods are noted in 1.a and 1.b above.
 - a. If this application is made before the expiry of the relevant period, the researcher need seek only an amendment to the existing approved study.
 - b. If this application is made after the expiry of the relevant period, the Committee will deem this to constitute an entirely new study, for which a new research proposal must be lodged.
5. The researcher wishing to extend the range of data collected is also required to make application to the SJGHC HREC.
 - a. The Committee will first determine whether a proposed extension substantially alters the aim or scope of the original study.

- b. If this application is made before the expiry of the relevant period, and does not substantially alter the aim or scope of the original study, the researcher need only seek an amendment to the existing approved study.
 - c. If this application is made after the expiry of the relevant period, or substantially alters the aim or scope of the original proposal, the Committee will deem this to constitute an entirely new study for which the researcher must lodge a new research proposal.
6. All requests for study extensions should be made to the SJGHC HREC using the [Submission Cover Page](#).

Research Data Management and Retention

PREAMBLE

The *Australian Code for the Responsible Conduct of Research* (2018) (“the Code”) describes a framework for responsible research conduct: 8 high-level principles and 29 responsibilities that apply to both researchers and institutions to ensure high-quality research, credibility and community trust in research. The Code is supported by supplementary guidance on specific topics.

Note: The supplementary guideline on data management is expected to be released in late 2018, at which time this SJGHC Research Data Management and Retention protocol will be updated if required. Thus, this current SJGHC Research Data Management and Retention protocol is based on the 2007 version of the Code which sets out the role and responsibilities of researchers and institutions in the appropriate collection, use, disclosure, storage and destruction of research data, and the important contribution this makes towards the responsible conduct of research.

Research data must be managed to ensure confidentiality and security of personal information of a sensitive nature, and so comply with relevant privacy legislation.

Ultimately, researchers must ensure the integrity and scientific rigour of their research. Research data must be accurate, complete, authentic, reliable, and in a durable and retrievable format to allow verification of results. Determining what research materials to retain should be considered in terms of the potential future value of the data, and whether the research can be replicated.

PURPOSE

This protocol provides guidelines for the effective management and retention of research data at St John of God Health Care (SJGHC). It should be read in conjunction with the Code and the *National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) [latest edition], Chapter 3.1: The elements of research, Element 4: Collection, Use and Management of Data and information.

Researchers conducting research involving SJGHC, their research units/SJGHC Division(s) involved in the research and the SJGHC Ethics Office (the personnel providing administrative support to the SJGHC HREC) are all obliged to follow this protocol.

DEFINITIONS

Research data refers to information and records obtained and used for research purposes at SJGHC including source documents/primary materials and person-identifying research material:

1. Information obtained from the person in interview, questionnaires, focus groups, audiotape, audiovisual records, photographs, personal and medical histories, biographies, and demographic information.
2. Clinical, social or observational information from a source other than directly from the person, e.g. medical notes, information from a person’s carer or relative.
3. Information derived from human tissue e.g. blood, bone, muscle, organ and waste products, including genetic and radiological information – unless this information forms part of a human

tissue bank. Research data collected in association with a human biobank is NOT covered by this protocol. For guidelines on the establishment, governance, management and use of human biobanks, genetic research databases and associated data used for research purposes, refer to the *OECD Guidelines on Human Biobanks and Genetic Research Databases* (2009). Another useful resource document is the *Biobanks Information Paper* (NHMRC, 2010).

For the purposes of this protocol, research data also refers to records of research studies and records of research ethical review processes maintained by the SJGHC Ethics Office.

Databank refers to a systematic collection of data or information, whether individually identifiable, re-identifiable or non-identifiable.

Human Biobank refers to an organised collection of human biological material (e.g. blood, urine, tissue samples or material collected e.g. DNA extracted) and any related information stored for more than one or more purposes. It includes human and population genetic research databases and collections, otherwise known as bio-repositories or gene-banks. Related information refers to information collected in the establishment of the database and information that is obtained through research on the material held (e.g. personal, clinical, genetic, biochemical or phenotypic information).

Individually identifiable data refers to data with individual identifiers such as individual's name, image, date of birth, address.

Re-identifiable/Coded data refers to data where individual identifiers have been removed and replaced with a code. By using the code or linking different data sets, individuals can be re-identified. The term 'de-identified information' is not used in the National Statement as it can be misinterpreted i.e. de-identified information may be re-identifiable or non-identifiable, depending on the process used to de-identify the information and depending on the point of reference.

Non-identifiable data refers to data with no individual identifiers.

Databank custodian refers to the individual researcher or research unit/SJGHC Division who collected the data, or an intermediary such as a data warehouse that manages data coming from a number of sources.

SCOPE

This protocol applies to research data covering various data sources including databanks. Whilst databanks may be initially created and used for reasons other than research such as disease surveillance and quality assurance, they have potential use in future research.

GUIDELINES

1. Research data should be accurate, complete and in sufficient detail to enable the published research results and methods to be open to scrutiny by colleagues and the research community at large. Secrecy of research data should only be necessary for a limited period in the case of contracted research or in specialised areas where the cooperation of research subjects will not otherwise be attainable.
2. Research data should be recorded in:
 - 2.1 a durable form (preferably electronic with a backup system),

- 2.2 a secure form to ensure confidentiality and privacy of identifiable, sensitive data,
- 2.3 an appropriately referenced and retrievable/accessible form.
3. During the course of a study, researchers are responsible for ensuring their research data is held in a secure place with access limited to only those involved in the study. To protect privacy and confidentiality, once information is collected, any identifying records of individual persons should be held separately from the research data.
4. The minimum period of research data retention is determined by the specific type of research. As per section 2.1.1 of the Code, generally all research data is to be retained for a minimum of 5 years from the date of publication or 5 years following the completion of the research if publication is not intended. The exceptions are:
 - 4.1 student projects that are for assessment purposes only, need only be kept for 1 year after completion.
 - 4.2 clinical trial research data must be retained for at least 15 years from the completion of the trial, and may need to be kept indefinitely depending on whether there is persistence of interest and discussion in the research, and/or the research work continues to have community or heritage value.
 - 4.3 If a research study has community or heritage value, it must be retained permanently.
 - 4.4 If a research study is relevant to a known or anticipated legal action then the research data must be kept until legal proceedings are complete.
 - 4.5 If a research study is relevant to an allegation(s) of research misconduct, it must be retained permanently.
5. There is a need to be cognisant of any differing obligations for research data retention within contractual arrangements, professional standards, legal requirements or award conditions. These may specify longer research data retention periods e.g. trial sponsors may have specific requirements for research data retention stated in Clinical Trial Agreements.
6. Researchers should factor into their initial study budgets the cost of research data retention, and ensure through their department/SJGHC Division where the research is conducted that there are adequate arrangements for research data storage and for later secure destruction.
7. The research unit/SJGHC Division where the research is conducted should normally be responsible for maintaining specific registers of:
 - 7.1 their research data and their location, and have procedures for retention of the research data.
 - 7.2 their databanks (even if not currently used for research).
8. All new databanks that are created at SJGHC – even if not for the initial intention of research, should be submitted for approval to the SJGHC HREC. The collection, use, disclosure and storage of data for research purposes requires participant consent or otherwise a waiver of consent granted by the SJGHC HREC.
9. Researchers cannot access identifiable data in a databank without prior ethical review.
10. For databanks, participant consent should specify:

- 10.1 whether data will be stored in identifiable/re-identifiable/non-identifiable form.
 - 10.2 the purposes for which the data will be stored, used and/or disclosed.
 - 10.3 whether specific, extended or unspecified consent for future research is being sought or otherwise a waiver of consent by the SJGHC HREC.
11. Databank custodians are responsible for insuring that databank information is used responsibly and respectfully, and that the privacy of participants is safeguarded.
 12. Whenever research using re-identifiable data reveals information that bears on the wellbeing of participants, researchers have an obligation to consider how to make that information available to participants and the databank custodian must take all necessary steps to re-identify those data.
 13. Separate to registers maintained by the research unit/SJGHC Division, the SJGHC Ethics Office will maintain a central database on the SJGHC computer network, of all research applications made to SJGHC. The database, which will have secure and limited access available to key personnel, will record summary details about each research study, including when the study has been completed/published and the retention/ archival details period. The database will also act as a management tool to track each component of approval (i.e. ethical, legal, operational, final approval) and study progress i.e. from submission, to final destruction (OR permanent archive) of the research record.
 14. The SJGHC Ethics Office will maintain a complete record of every research study application (i.e. including all correspondence relating to the study approval process) in electronic form: Adobe Acrobat (pdf/a) which is an archival format designed for long term storage, on an external hard drive, with a back-up on the SJGHC computer network. The computer back-up will be password protected so as to prevent unauthorised access, and only accessible by the SJGHC Ethics Office personnel. This computer back-up ensures that research records are never tampered with or lost.
 15. Research data forming the basis of publications must be available for discussion with peers/other researchers. Thus, where possible it is preferred that all research data be kept in a re-identifiable/coded form that allows reference by third parties without breaching confidentiality and privacy.
 16. For the protection of participant privacy and confidentiality, the key to the code for re-identifiable data must be kept separately to the databank.
 17. In general, identifiable research data must not be transferred outside of SJGHC. Exemptions may apply if participants have given explicit informed consent or if relevant law provides for a transfer or disclosure.
 18. SJGHC Legal Services will review all Clinical Trial Agreements (CTRAs) to ensure they cover specific requirements for research data ownership and storage during and following research study completion, including in the situations when researchers move between institutions or employers, or data is held outside of Australia. SJGHC Legal Services will also review CTRAs for confidentiality clauses aimed at protecting intellectual property rights, so as to reach explicit agreement on any limitation of free publication and discussion of research results and any restrictions on the use of the research data.

19. Generally, research data generated at SJGHC will remain the property of SJGHC. However, for collaborative research conducted across institutions, ownership of data may be negotiated. SJGHC Legal Services should be approached to develop a formal, written agreement between the relevant parties.
20. At the end of the research data retention period, research data must be securely and safely disposed of in a confidential manner as per the most effective method at the time, for example:
 - 20.1 Research data in paper format should be destroyed by shredding or placing it in the secure SJGHC blue coloured “confidentiality” bins.
 - 20.2 Research data stored in electronic format should be destroyed by rewriting, reformatting or deletion of files.

Researcher Guide to De-identification of Data

PREAMBLE

This guide is for researchers accessing, collecting and/or sharing personal data as part of their research, which may or may not include data analytics¹. Personal data, under the *Privacy Act 1988* (s6(1)) is defined as “information or an opinion about an identified individual, or an individual who is reasonably identifiable, whether the information or opinion is true or not, and whether it is recorded in a material form or not.” A subset of personal data is **sensitive data** which is afforded an even higher level of privacy protection under the *Privacy Act 1988*. Health information is considered sensitive information.

This guide is based on *OAIC, March 2018 “De-identification and the Privacy Act”*:

<https://www.oaic.gov.au/privacy/guidance-and-advice/de-identification-and-the-privacy-act/>

and *OAIC, March 2018 “Guide to Data Analytics and the Australian Privacy Principles”*:

<https://www.oaic.gov.au/privacy/guidance-and-advice/guide-to-data-analytics-and-the-australian-privacy-principles/>

CONSIDERATIONS FOR DE-IDENTIFICATION

De-identification is a process for privacy enhancement and risk mitigation to prevent data breaches that disclose personal or confidential information. This process also ensures compliance with Australian Privacy Principles (APPs) in the *Privacy Act 1988*, particularly the collection of solicited personal information (APP3) and the use or disclosure of personal information (APP6).

The *Privacy Act 1988* encourages researchers to use de-identified data where possible. Personal information is de-identified where there is no reasonable likelihood of re-identification of an individual. The objective with de-identification is not to eliminate the risk of re-identification altogether, but rather to ensure the risk of re-identification is low. It is important that the access/collection/sharing of personal data in the research project is limited to what is reasonably necessary to pursue the research objectives, and that once the de-identification process is complete, it is reasonably unlikely that re-identification will occur.

De-identification is broader than just anonymisation and confidentialisation. With de-identification, there is no one size fits all. Researchers should consider what is most appropriate for each individual study, in the **context** of that study, whilst ensuring the data remains useful for its intended research purpose.

As well as using this guide, researchers may also develop a Data Management Plan for their research study, undertake Penetration Testing, complete a Data Analytical Risk Assessment and/or complete a Privacy Impact Assessment².

Researchers should follow a 2-step process for de-identification:

STEP 1: Consider the context for the individual study

- ✓ What is the nature and volume of the data itself?
Does the study involve rich/detailed data? Sensitive data?
- ✓ Who, what, where and how will the data be accessed, stored and used? This may involve the sharing or release of data outside organisational boundaries:
 - Open Access (making data freely and publicly available) e.g. web page
 - Delivered Access (requested data is delivered to approved users under specified conditions) e.g. State Government Data Linkage Branches provide data to a researcher
 - On-site Safe Settings (on approval, data is accessed in a secure, controlled location) e.g. researcher reviews medical records within the hospital
 - Secure Virtual Access (an approval, data is accessed via a secure link) e.g. RedCAP database
- ✓ What is the environment where the data will be released – is it mediated, or open access?
NOTE: Open/public data environments may necessitate significant de-identification and are generally inappropriate for data derived from personal and sensitive information, due to a higher risk of de-identification.

STEP 2: Consider the de-identification process and risk of re-identification

- When is it most appropriate for the data to be de-identified?
 - At what stage in the research project is the personal data no longer needed?
E.g. After the data is collected, prior to analysis, prior to sharing or releasing data externally to a third party, prior to publication?
 - Will access be given to the entire data record, or a large proportion of it?
 - Is the personal data sensitive and/or confidential?
If yes, this data may actually need to be destroyed (not just de-identified) once its research purpose has been achieved. If not, the researcher may retain a separate copy of the original dataset/code list to enable the re-identification of data subjects.
 - It is important to promote consumer and community trust and manage expectations about the research and researchers, e.g. public concerns about social or ethical harm, discrimination, profiling, denial of benefit/service.
- Choose an appropriate de-identification technique(s) – for more information refer next page, section titled “De-identification Techniques.”
NOTE: This may require technical expert advice.
- Assess the imminent and **future** risk of re-identification from both legitimate and unauthorised access to data
NOTE: Be wary of ongoing technological advancements with the ability to re-identify data, e.g. data analytics/algorithms, use of Artificial Intelligence/machine learning, the internet of things
 - What other information is available to those who will have access to the data that could be matched up or used to re-identify the data? What is the risk of attribute disclosure or spontaneous recognition?
 - How practicable (difficult, costly) will it be to use the data to re-identify a person?
 - What motives may there be to attempt re-identification? Consider who and what the data relates to.
 - What is the gravity of harm that could arise from re-identification?

DE-IDENTIFICATION TECHNIQUES

Direct identifiers such as name, address, date of birth and UMRN should be removed from the dataset. Quasi-identifiers (other information that could potentially be used to re-identify an individual, such as unique or uncommon characteristics) should also be de-identified.

The following table describes de-identification techniques that may be used:

Remove/reduce/alter/obscure/aggregate/protect data

- Sampling (providing access to only a fraction of the data)
- Choice of variables (removing quasi-identifiers)
- Rounding (combining information, e.g. age may be combined and expressed in ranges)
- Perturbation (altering information in a small way without significantly affecting aggregate data)
- Swapping information that is likely to enable identification of a person for another person
- Manufacturing Synthetic Data
- Coding/Encryption (e.g. Data Linkage Branches obscure the original identifier(s) by translating into another form/code, rather than removing the identifier(s) altogether)

Use controls and safeguards in data access environment (who, what, where and how)

- ✓ Restricted/tiered access to the data with authorisation protocols
- ✓ Physical and IT measures for the security and durability of data storage, data access, data transfer and data linkage to guard against misuse, interference, loss, unauthorised access and unauthorised modification of data (e.g. data lab, password protection, locked office, storage on a server with regular backup or if on web with anti-virus/anti-malware, network security measures, audit trails etc.)
- ✓ Enabling data analysis and providing results instead of raw data
- ✓ Privacy Declaration (for external, non-SJGHC researchers)
- ✓ Legal contract with binding obligations for access, use and distribution of the data between the various parties (e.g. Registry Agreement)
- ✓ Other governance measures (e.g. Data Management Plan that includes response to data breaches and details for data retention and destruction, Penetration Testing, Data Analytical Risk Assessment and/or Privacy Impact Assessment².)

¹Data analytics describes activities designed to obtain and evaluate data to extract useful information and includes 'big data', 'data integration', 'data mining' and 'data matching.' Data analytics can lead to the creation of personal information e.g. this can occur when analysing a larger variety of non-identifying information and in the process of analysing the information it becomes identified or reasonably identifiable. This generation of new personal information through 'collection via creation' can come from: a) observed data recorded automatically e.g. online cookies, b) derived data generated from an original dataset using calculations/algorithms, c) inferred data produced by using more complex analytics to find correlations between datasets and using this to categorise or profile people and predict their outcomes. As well as 'collection via creation', data analytics also tends to have privacy implications in that: a) it collates data from a wide variety of different sources including from third parties, b) uses data insights for a range of different purposes including new purposes that may have not been anticipated, c) retains data for longer than usual as it may be useful in the future for unspecified purposes.

²Privacy Impact Assessments (PIAs) are undertaken by APP entities for 'projects' to assess the risk of non-compliance with privacy and make recommendations for managing, minimising or eliminating privacy impact. PIAs are an iterative process which continues to develop throughout the lifecycle of a project. 'Projects' is used loosely to refer to a wide range of

activities including databases and data analytics projects as well as policy proposals, new or amended legislation, new or amended programs, activities, systems, new methods or procedures for service delivery or information handling, and changes to how personal information is stored.

Electronic Signatures for Submissions to SJGHC HREC

The forms used for submissions to the SJGHC HREC include signature fields where the image of a signature can be uploaded and saved in the form. This is in lieu of wet ink signatures and aids in the transfer of data to the SJGHC Ethics Database. If the signatory is not the person sending the submission electronically to the SJGHC Ethics Office, they must be copied in on the submission email.

The SJGHC Ethics Office allows for the delegation of the role of adding the Principal Investigator's electronic signature to submissions, *providing the following conditions are met:*

1. The Principal Investigator must complete a Delegation of Authority Log (see below for example), sign this with ink and send a copy to the SJGHC Ethics Office. This must be received by the SJGHC Ethics Office prior to any submissions where the signature has been added by the delegated individual.
2. The Principal Investigator must be copied in on any correspondence where their electronic signature has been used.

If forms such as the Submission Cover Page or Annual Report are printed off for a wet signature, please note that the original is not required by the SJGHC HREC. Please scan the signed forms and email this submission to the SJGHC Ethics Office.

If an Investigator changes their preferred email address for ethics correspondence, a new delegation of authority log such as the example below should be created specifying the nominated email address.

EXAMPLE DELEGATION OF AUTHORITY LOG

I, [Principal Investigator Name], delegate [Study Coordinator/Other Representative Name] to add my signature to any correspondence to the SJGHC HREC regarding the following study/studies:

- [Study Name]

This delegation is granted with the understanding that I will be copied in on all correspondence which contains my signature. My nominated email address for this purpose is: [Principal Investigator Email]

Signed:

Date:

Research Conduct

PREAMBLE

Researchers should be aware of and comply with the ethical framework governing clinical practice and research at St John of God Health Care (SJGHC):

1. *Statement of Philosophy and Statement of Medico-Moral Principles, and Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (2001),
2. *The National Statement on Ethical Conduct in Human Research* (2007) [latest edition] (“the National Statement”),
3. Broader legislative requirements and guidelines governing research (refer to the [Useful References](#) list of this *SJGHC Research Handbook*),
4. *The Australian Code for the Responsible Conduct of Research* (2018) and subsequent guides (“the Code”) and the *Guide to Managing and Investigating Potential Breaches of the Australian Code for the Responsible Conduct of Research (NHMRC, 2018)* (“the Guide”).

The Code and Guide jointly issued by National Health and Medical Research Council (NHMRC), Australian Research Council (ARC) and Universities Australia, describes the principles of responsible/good clinical practice (GCP), and identifies the respective responsibilities of institutions and researchers in research data management, conflict of interest, researcher training/mentoring, publication and authorship, and handling of breaches of the Code and research misconduct, etc. The Guide sets out a model for managing and investigating potential breaches of the Code, of which some serious breaches may be designated as “research misconduct.” The aim of the Guide is to ensure that institutions adopt processes for managing and investigating potential breaches of the Code which are both procedurally fair and do not hinder the timely implementation of all corrective actions.

PURPOSE

The purpose of this protocol is to describe the standards for research conduct at SJGHC, and to outline the procedures for dealing with complaints about research conduct - assessed as either breaches of the Code or research misconduct.

SCOPE

This protocol applies to research in its broadest sense across all disciplines and includes quality assurance/audit. It refers to research on SJGHC premises (including tenancies/private consultancy rooms situated within SJGHC), and/or involving SJGHC patients, caregivers or facilities/services, and conducted by caregivers, accredited practitioners or external researchers. It includes collaborative research involving SJGHC.

The focus is on research conduct beyond initial approval granted by the SJGHC HREC and the associated conditions of approval. This protocol is based on the Code – being a prerequisite for receipt of NHMRC and ARC funding – and should be read in conjunction with the Code. As per the

Code, the following 8 principles of responsible research conduct should underpin all research conducted under the auspices of SJGHC: *honesty, rigour, transparency, fairness, respect, recognition, accountability and promotion/fostering of a responsible research culture.*

Institutions have foremost a responsibility to foster a research culture that encourages and supports responsible research conduct (refer section in this Research Handbook: [Fostering Clinical and Health Service Research at SJGHC](#)) Institutions are also responsible for establishing and maintaining good governance and management practices (ie have SOPs (standard operating procedures) for research, make available appropriate research training and education, ensuring supervision of research trainees, providing the infrastructure and processes for effective research data management and encouraging and facilitating the responsible dissemination of research findings) so as to sustain responsible research conduct.

KEY RESPONSIBILITIES OF RESEARCHERS

Researchers also have responsibilities to uphold the principles of responsible research conduct in all aspects of their research.

1. Honesty/Integrity

Researchers should demonstrate integrity, professionalism and commitment to excellence. Peer review and consumer/community input into research are extremely valuable. Whilst some degree of secrecy to protect one's own research interests may be warranted, particularly for commercial reasons, researchers should engage in peer review and be as open as possible in discussing their work with other researchers, consumers and the public at every stage of the research process. Researchers should make both their research methods and study results open to scrutiny and debate.

2. Rigour

Rigour is about researchers adopting methodology that is appropriate to the aims of the research so as to ensure study conclusions are justified by the results. It is also about retaining clear, accurate, secure and complete records of all research including research data and primary materials – such that would allow someone else to replicate the research results following the same methodology. Where possible and appropriate, researchers should allow access to these by interested parties.

3. Transparency eg Management of Conflicts of Interest, Publication and Authorship,

A conflict of interest frequently occurs in the context of research - where researchers have competing obligations and a real, perceived or potential opportunity to prefer their own personal interests to that of the research. A conflict may relate to financial interests, private, professional or institutional benefits that depend significantly on the research outcome. A conflict of interest can potentially compromise researcher integrity and the reputation of SJGHC, and be detrimental to the well-being of research subjects, research governance, and/or the actual research outcomes.

The responsibility for managing a conflict of interest in research rests firstly with researchers. Researchers are required to avoid conflict of interest, and to openly declare, and manage appropriately all actual and potential conflicts of interest. Full disclosure should occur at the initial stage of submitting a research proposal to the SJGHC HREC. Refer to the [Declaration of Interest](#) in the *SJGHC Research Handbook* which must be completed as part of all new research submissions.

Any conflicts of interest that subsequently arise during the course of a study, must be reported as soon as reasonably practicable to both the SJGHC Participating Site(s) in the study, and to the SJGHC HREC, with a proposal from the researcher for management or elimination of the conflict of interest. This proposal will be reviewed by the SJGHC Participating Site and the SJGHC HREC and a finalised version of the proposal will then be agreed in writing between the parties.

The above process will also apply to conflicts of interest declared by institutions involved in multicentre trials.

Anyone listed as an author on a publication should accept responsibility for ensuring content familiarity and can identify their contribution to it. All others who have contributed to the research need to be acknowledged. Other relevant work needs to be cited and acknowledged appropriately and accurately.

Researchers are encouraged to communicate their research findings through SJGHC media, namely the SJGHC website. Specific permission from researchers is requested as part of the SJGHC annual study progress/final report proformas.

4. Fairness eg in collaborative research and peer review

For collaborative research involving SJGHC, researchers are required to approach SJGHC Legal Services to assist with the establishment of a prior written agreement between the parties. This agreement will cover intellectual property, confidentiality and copyright issues, sharing commercial returns, management of conflict of interest, responsibility for ethics and safety clearances and reporting requirements, dissemination of research results, and the management and retention of primary research materials/research data after study completion.

In terms of peer review, researchers should participate in a way which is fair, rigorous and timely and maintains the confidentiality of the content.

5. Respect – (& Recognition) for Research Participants, the wider community, animals and environment

Researchers have a responsibility to respect research participants, taking particular care to the needs of minority groups and vulnerable people and engaging research participants throughout the lifecycle of the research. Demonstrating respect can involve, for example where possible and appropriate, researchers providing study participants the opportunity to receive their individual results/feedback about the outcome of the study in which they have participated. Likewise, researchers are encouraged to publish all research findings (whether these are positive or negative) in refereed journals as soon as possible after study completion and regardless of outcome (i.e. including negative findings and results contrary to study hypotheses). Any publication delays should not exceed the time needed to protect intellectual property and other relevant interests. The research findings should be disseminated responsibly, accurately and broadly to the wider community, and where the record needs to be corrected, researchers should take this action in a timely manner.

The concept of respect extends to the recognition of the right of Aboriginal and Torres Strait Islander (A&TSI) peoples to be engaged in research that affects or is of particular significance to them. Researchers should refer to the *Keeping research on track II* (NHMRC, 2018) and *Ethical Conduct in Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* (NHMRC, 2018). These documents guide ethical health research on A&TSI peoples, which respects their legal rights and local laws, customs and protocols.

In terms of research involving animals, researchers should ensure the 3Rs (replacement, reduction and refinement) so as to minimise the impact on animals used in research and support animal welfare.

All effort should be made by researchers to minimise the adverse effects of the research on the environment.

6. Accountability

Accountability for the development, undertaking and reporting of research requires that researchers comply with relevant legislation, policies and guidelines relating to research and research ethics, ensure good stewardship of public resources used to conduct research, and consider the consequences and outcomes of research prior to its communication/dissemination of results.

7. Promotion of Responsible Research Practices: Safety and Risk Management

Underlying the consideration of safety in research is the ethical obligation of researchers to inflict no harm on research subjects, and to minimise potential risk of harm: burden, discomfort or inconvenience to study participants, the research team, the participating SJGHC site and the wider community. Risk may be physical (e.g. pain, infection, adverse drug reactions), psychological (e.g. depression, confusion, guilt), social (e.g. invasion of privacy, loss of community standing), legal (e.g. criminal prosecution) or economic (e.g. loss of employment).

An example of how researchers can minimise risk, is to consider (where relevant) adding a patient specific research alert system to their study e.g. a system of flagging to caregivers in an individual patient's medical record that they are a study participant. Another example is for researchers/departments involved in regular research to consider maintaining a register of study participants to ensure that individuals have not been "overused" in research. This register should be made available to the SJGHC HREC for scrutiny on request.

8. Promotion of Responsible Research Practices: Training and Mentoring

All researchers should have the skill and expertise to undertake a particular research project appropriately or otherwise undertake prerequisite training before engaging in the research. In support of this, SJGHC provides the opportunity for internal researchers (from the least to the most experienced) to access relevant induction and continuing education/training courses in research such as ICH GCP at no or minimal cost for eg. through the Western Australian Research Translation Network Research and Ethics Training Program (WAHTN RETP) and to seek guidance from professional bodies in developing their research expertise. Access to educational resources in research ethics is also available to internal and external researchers through the SJGHC Ethics Office (for eg. regular lunchtime Research Ethics Education Program presentations) and the LJ Goody Bioethics Centre (Mt Hawthorn, Western Australia).

The Principal Investigator, and in turn the senior associate researcher(s) should act as research mentors and provide at every stage of the research process, adequate and appropriate direction and supervision to new/trainee researchers, junior researchers and/or students assisting with a research study. For example, as research mentors, they can provide guidance in the complexity of scientific methods and advanced statistical analysis, interpretation of ambiguous data, data management and storage, meeting ethical, operational and regulatory requirements for conduct of research, etc.

9. Promotion of Responsible Research Practices: Reporting Breaches of the Code and Research Misconduct

All researchers (including SJGHC caregivers and accredited practitioners) are obliged to report suspected or actual research misconduct in a timely manner. Throughout SJGHC's investigation or management of a complaint, the welfare of the complainant and respondent will be a key concern and support for both parties will be offered where available. "Breaches of the Code" occur on a spectrum from minor (less serious) – this may include honest errors in design or execution of research or interpretation of results, and may occur through research inexperience - to major (more serious) breaches.

BREACH OF THE CODE

A ***breach of the code*** is defined as a failure to meet the principles and responsibilities of the Code, and may refer to a single breach or multiple breaches. They occur on a spectrum from minor (less serious) to major (more serious). Research misconduct is a subset of major/serious breaches. ***Research misconduct*** is a serious breach of the Code that is also ***deliberate/intentional, reckless or negligent*** and is likely to be ***repeated or persistent***.

Some examples of a breach of the Code include:

1. Not meeting required research standards and/or failure to observe the National Statement, the Code or SJGHC SOPs as per this SJGHC Research Handbook especially where there is unreasonable risk or harm to research subjects (eg. conducting research without the requisite approvals, failure to conduct research as approved by a HREC, misuse of research funds)
2. Fabrication, falsification, plagiarism, deception in proposing, carrying out or reporting research results, misrepresentation (of research data or source material), fabrication to obtain research funding
3. Inappropriate research data management (refer section in this Research Handbook: [Research Data Management and Retention](#))
4. Inadequate supervision
5. Misleading ascription to Authorship
6. Failure to disclose and/or manage Conflicts of Interest
7. Failure to conduct peer review responsibly
8. Facilitation of research misconduct

All official complaints of research misconduct will be investigated and acted upon as per the principles of procedural fairness outlined in the Guide: ***proportional, fair, impartial, timely, transparent and confidential***. Every effort will be made to act proportionate to the seriousness of the complaint, to treat parties fairly, to conduct investigations without bias, and with transparency and confidentiality and in a prompt manner so as to remedy the situation and to maintain public confidence in research.

SJGHC PROTOCOL TO ADDRESS RESEARCH CONDUCT COMPLAINT/ALLEGATION OF BREACH OF CODE

RESEARCH CONDUCT COMPLAINT/ALLEGATION OF BREACH OF CODE

Research Integrity Advisor (RIA) (has knowledge of Code & is neutral & independent¹)

If in discussion with RIA, complaint is deemed should proceed to investigation, then complainant is required to put complaint in writing to the SJGHC DO.²

DISCREET PRELIMINARY INVESTIGATION

The RIA gathers facts/evidence in liaison with SJGHC Ethics Office/HREC and/or relevant SJG Participating Site where the alleged breach of the Code occurred. The RIA also assesses the seriousness of the breach of the Code and whether it requires a formal Panel Investigation. The CEO of the relevant SJG Participating Site will be advised accordingly.

Complaint resolved locally. Corrective &/or preventative actions implemented eg amendments to public record, education and retraining

Complaint considered serious/possibly research misconduct & is referred for formal investigation (ie by a Investigation Panel)

Complaint referred to other SJGHC institutional processes eg internal line management.

Complaint dismissed eg honest differences of opinion.

SJG Participating Site CEO decides the disciplinary actions & corrective actions to be taken eg via HR, CTRA, professional bodies eg ARC, etc.

BREACH OF THE CODE (minor or serious). Respondent & Complainant informed.

Allegation referred to other SJGHC institutional processes eg HR

FORMAL INVESTIGATION by Internal Investigation Panel³

NO BREACH OF THE CODE. Respondent & Complainant informed.

Allegation dismissed.

NOTES ON SJGHC PROTOCOL TO ADDRESS RESEARCH CONDUCT COMPLAINT/ALLEGATION

1. Wherever possible, supervisors/department managers should be the first point of contact when concerns arise. Any breaches of the Code may be addressed and remedied at the departmental level. It is the responsibility of supervisors/department managers to address these appropriately and maintain full records of the process.

If a complaint/allegation of breach of code cannot be resolved to everyone's satisfaction at the departmental level, then it should be referred to the Research Integrity Advisor (RIA). Ideally, an internal (or external) auditor of research (who has knowledge of the Code & is neutral & independent) can fulfil both of the roles:

RIA – nominated to promote the responsible conduct of research and provide advice to those with concerns or complaints about potential breaches of the Code.

Assessment Officer (AO) – nominated to conduct the Preliminary assessment of a complaint about research.

However, in the absence of an auditor to act as the RIA/AO, depending on the nature of the complaint, who the complainant is and who is potentially implicated, and with consideration of potential conflicts of interest, the complaint should in the first instance be referred to the SJGHC Ethics Office. The SJGHC Ethics Office will be able to advise (in liaison with the SJGHC HREC and SJGHC Hospital Executive) the most appropriate pathway for progressing the complaint if deemed it should proceed to investigation. For example, it may be that the respondent is an external researcher in which case the institution in which the respondent belongs/is employed should be the one to progress with the investigation.

2. If it is deemed a complaint should proceed to investigation, then the complainant is required to put the complaint officially in writing to the SJGHC Designated Officer (DO). The DO at SJGHC is the Group Director of Medical Services and Clinical Governance (GDMS) (or delegate). The DO will commence the process of a formal internal investigation by an internal Investigation Panel ("Panel") ie prepare a statement of allegation(s), terms of reference for the investigation, nominate the Panel and Panel Chair (when the Panel is more than one person), and seek legal advice on matters of process where appropriate.
3. An internal Investigational Panel ("Panel") will be formed on a case-by-case basis, composed of one or more persons (internal and/or external) with the appropriate skills and expertise and who are deemed to be free from conflicts of interest/bias, so as to conduct a fair and robust review that will maintain public confidence in research. The respondent will be advised of the composition of the Panel with the opportunity to raise any concerns. The Panel will conduct the review as per the Guide and prepare a written report detailing the facts and any recommendations based on a determination of whether having regard to the evidence and on the balance of probabilities the respondent has breached the Code.

The Panel report will be provided to the GDMS, the SJGHC HREC and SJGHC Executive eg the relevant SJG Participating Site CEO(s) and the findings communicated to both complainant and respondent, as well as any other relevant bodies (eg funding bodies, publishers) with consideration made as to whether a public statement should also be released, if appropriate.

4. If there is a breach, the relevant SJG Participating Site CEO(s) will decide the disciplinary actions & corrective actions to be taken depending on the severity of the breach and whether it is considered research misconduct, via eg. Human Resources (HR), CTRA arrangements, professional bodies eg Australian Research Council (ARC), etc.
5. Imposition of penalties for research misconduct (such as termination of employment, removal of accreditation privileges, etc.) will be guided by SJGHC policies for employment, accreditation, collaborative research agreements, etc. Required action is likely to include correcting the public record of the research.
6. Where systemic issues are identified as a contributing factor, these will be addressed by relevant departments at SJGHC to prevent similar breaches of the code occurring in the future.
7. Where the finding is that there is no breach of the Code, efforts will be made to restore the reputations of the alleged person engaged in improper conduct. Likewise if the allegation is found to have been frivolous or vexatious, action will be taken to address this with the complainant. Thus, the allegation whilst found not to be a breach of the Code may nonetheless be referred to other SJGHC institutional processes eg HR for further action if deemed to be required.
8. Both parties (ie respondent and complainant) will be advised of their right to contest findings and to request an external review of SJGHC's Code investigation by the Australian Research Integrity Committee (ARIC).

Statement of Medico-Moral Principles

1. The statement of the Medico-Moral Principles set out in following paragraphs 3.1 to 3.20 together with the philosophy statement of Catholic health care attached (“Philosophy Statement”) comprise the guidelines for all who serve in Catholic health care institutions.
2. This statement:
 - (i) deals with aspects of this Christian witness where they touch on medical ethics, the moral teaching of the Catholic Church, and the pastoral care of the sick; and
 - (ii) is a directive to every medical and dental practitioner (the "Practitioner") who practises at a Division (“Division”) conducted by St. John of God Health Care.
 - (iii) is to be read in conjunction with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia (Catholic Health Australia, 2001) and subsequent editions (“the Code of Ethical Standards”).
- 3.1 Those that accept appointments in, or are accredited to Catholic health care institutions, facilities or programs are required to respect the moral teaching of the Catholic Church in respect to present day medicine.
- 3.2 Catholic health services should care for all patients conscientiously and devotedly. The total good of the patient is the primary concern of the Catholic health care ministry. It is therefore required that the highest standards of medical competence and nursing care be employed in the treatment of patients.
- 3.3 The spiritual welfare of a person is an integral part of a patient’s care. Therefore chaplains and pastoral practitioners are considered members of the health team and must be given every assistance in ministering to the welfare of the patient. Every patient has the right to request that the Minister of his or her choice be asked to visit him or her.
- 3.4 The patient has the right to be adequately informed of his or her condition by the physician or some other person.
- 3.5
 - (a) All patients are entitled to ordinary medicine and nursing care which promised to be beneficial in treating their condition, which is reasonably available, and which is not judged to be unreasonably burdensome. Such treatments are judged “ordinary” and are obligatory.
 - (b) Treatments may be judged “extraordinary” and optional if, in view of the patient’s actual condition, they do not promise reasonable benefit, and not reasonably available, or are considered to be unreasonably burdensome. Depending on the patient’s condition such means may sometimes include the use of respirators, dialysis machines, organ transplants, repeated blood transfusions, prolonged use of drugs such as antibiotics, cardiac stimulants, etc.
 - (c) The provision of nutrition and hydration even by artificial means is, in principle, ordinary care and as such is morally obligatory, unless or until they cease to be metabolised adequately or their mode of delivery becomes unreasonably burdensome.

- (d) A decision not to use extraordinary means to prolong life should always involve the participation of the competent patient, and also the patient's close relatives. When such a decision is made, medical and nursing staff are to continue to provide the patient with dignified care.
- 3.6 Everyone has the right and the duty to prepare for the solemn moment of death, and to be well prepared for death as regards both spiritual and temporal affairs. It is the physician's duty to inform the patient of his or her critical condition, or to have some other responsible person impart the information.
- 3.7 After death the body is attended with respect of dignity.
- 3.8 The next of kin, spouse and parents of the patient, with the patient's consent, should be kept promptly, reliably and courteously informed regarding the patient's condition.
- 3.9 The obligation of professional secrecy must be carefully maintained not only as to the information on the patient's charts and records but also as to confidential matters learned in the exercise of professional duties.
- 3.10 No doctor, nurse or other health care personnel may participate in any procedure of reproductive technology that is not consistent with Catholic moral teaching.
- 3.11 Abortion, that is the directly intended killing of the foetus before viability, is never permitted.
- 3.12 Operations, treatments and medications, which do not directly intend or effect termination of pregnancy but which have as their purpose the necessary treatment of a pathological condition of the mother, are permitted when they cannot be safely postponed until the foetus is viable, even though they may or will result in the death of the foetus.
- 3.13 Euthanasia refers to any act or omission which of itself and by intention causes death, with the purpose of eliminating suffering. Euthanasia in all its forms is forbidden.
- 3.14 In proper palliative care the primary need is to strive to keep the patient pain free. When such a measure is judged necessary, it is morally justifiable to give a dying person, sedatives and analgesics for the alleviation of pain even though they may deprive the person of consciousness, the use of reason or may unintentionally shorten life.
- 3.15 Sterilisation procedures, whether permanent or temporary, for men or women, are not to be performed as a means of contraception. Treatments or medication for recognized pathologies which have a secondary unintended effect of producing temporary or permanent sterility may be prescribed when they are medically indicated.
- 3.16 The transplant of organs from living donors is morally permissible provided the loss of such organs does not deprive the donor of life itself, or of the functional integrity of the body. All such procedures require appropriate free and informed consent, referable to both donor and recipient.
- 3.17 When there is a difficulty in deciding the moral principles involved in a particular procedure, a medical moral ethics committee or a moral consultant approved by the local Bishop, will be available for consultation.
- 3.18 In all forms of research wherein the identity of the patient is included in the data, the informed and free consent of the patient is to be obtained. All research procedures are subject to the

rulings of the relevant medical, scientific, ethics and other decision-making bodies of the institution.

- 3.19 The Catholic health ministry, with the approval of the local Bishop, may issue additional principle requirements in relation to medico-moral matters, or may take any action appropriate to the maintenance and preservation of the principles it upholds.
- 3.20 This statement of Medico-Moral Principles is based on current knowledge and understanding. Particular applications may be modified as scientific investigations and theological developments present new problems or cast light on current ones.
4. In addition and to give effect to the Principles, each Practitioner shall, while practicing at the Division or in premises leased or sub-leased to him by St John of God Health Care Inc:
- (a) in the treatment of his or her patients, respect the moral teaching of the Catholic Church and the principles set out in paragraphs 3.1 to 3.20 above and the Philosophy Statement and not do or neglect to do any act or thing which conflicts with those principles or statement;
 - (b) use his or her best endeavours to provide quality care for patients including their physical and psychological well-being;
 - (c) provide to his or her patients such medical and nursing care as may be necessary to treat those patients and use his or her best endeavours to relieve those patients of physical and mental distress and pain;
 - (d) provide his or her patients with information regarding counselling and other services as directed by St John of God Health Care from time to time;
 - (e) not be obliged to use extraordinary means to prolong a patient's life;
 - (f) keep secret and confidential all medical information relating to the patient and all other information of a confidential nature acquired in the exercise of his or her professional practice and not disclose such information without having first received the patient's prior informed written consent;
 - (g) not conduct any practice that intentionally results in abortion, that is the direct killing of the foetus. However, a practitioner shall be entitled to conduct operations, and to provide treatment and medications which do not and are not intended directly to or effect termination of pregnancies but which have as their purpose the necessary treatment of a pathological condition of the mother, when such operations, treatment and medications cannot be postponed safely until the foetus is viable, even though they may or will result in the death of the foetus;
 - (h) not engage in or practice euthanasia that is any act or omission which of itself and by intention causes death, with the purpose of eliminating all suffering;
 - (i) be entitled to administer to patients sedatives and analgesics even though the unintended effect of so doing may be to deprive the person of consciousness or the use of reason or unintentionally shorten life, where the Practitioner is of the opinion which is properly arrived at, that such administration is necessary for the alleviation of pain; and

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- (j) be entitled to transplant organs from living donors provided that the loss of such organs does not deprive the donor of life or deprive the body of its functional integrity and provided further that prior to performing such procedures the Practitioner shall obtain the free and informed consent of both the donor and recipient.
5. Each Practitioner must:
- (a) at all times conduct his or her practice in a way which respects and does not offend the Code of the Canon Law and the teachings and traditions of the Catholic Church in relation to health care as set out in the Code of Ethical Standards;
 - (b) at all times abide by the Philosophy Statement and the Mission and Values of St. John of God Health Care as set out in the publication "Well Springs", a copy of which the Practitioner acknowledges having received; and
 - (c) if any doubt arises as to what the Canon Law or those teachings or traditions are or as to the manner in which the same apply or be construed in a particular case or as to the construction or interpretation of anything contained in this Statement or in the Philosophy Statement, consult the Medical Advisory Committee of the Division and abide by every decision made by it.
6. Each Practitioner acknowledges and agrees that:
- (a) this Statement of Principles is not intended to be a complete and exhaustive statement of the principles which are to apply to him or her and by which he or she is to be bound in the conduct of his or her practice at the Division; and
 - (b) this Statement of Principles may be added to, amended or varied by St. John of God Health Care consistent with the Principles of Catholic Health Australia in light of current scientific and medical knowledge and that any such additions, amendments or variations will take effect from the date of such addition, amendment or variation but will not have any retrospective application.
7. Each Practitioner acknowledges and agrees that by applying for accreditation or renewal of accreditation or by continuing to practice at or from the Division after the receipt of these By-Laws he or she agrees to be bound by and to comply with this Statement and the By-Laws as amended from time to time.

Catholic Health Care Philosophy Statement

The church's mission is to proclaim and mediate the healing redemptive love of Jesus Christ in the world.

Catholic health care institutions exist to be a visible expression of their mission. They witness, through the Health Services entrusted to them:

- By testifying to the transcendent spiritual values concerning life, suffering and death;
- By service to all humanity and especially the poor;
- By fostering medical competence and leadership;
- By providing spiritual assistance to the sick;
- By fidelity to the Church's teachings while ministering to the good of the whole person, regardless of sex, status, race, colour or creed.

We collectively embrace and are committed to the Statement of Philosophy as hereafter described:

- Ensuring reverence and respect for all persons regardless of race, creed, sex or economic status from the moment of inception of life to death.
- Providing services with compassion, a caring attitude and positive moral support to every person, especially the spiritually and economically poor and the dying.
- Fostering and promoting competence and excellence among the Medical, Nursing, other allied health professionals and colleagues involved in providing services to people within the Catholic health ministry.
- Encouraging positive communication, working relationships, co-operation and collaboration among colleagues in rendering care to persons based on Gospel values, and Christ, the Divine Physician, as the model.
- Promoting responsible stewardship of human, material, physical and financial resources which are made available for use in the provision of health care services.
- Striving to understand and respect the rights and responsibilities of persons, whether caregivers, patients, visitors, doctors or volunteers, in a sensitive, truthful and ethical manner.

Clinical Trial Research Agreements – Legal and Insurance Guidelines

Topic: Clinical Trial Agreements – Legal and Insurance Guidelines

Contact Dept: SJGHC Ethics Office

Compiled: September 2008

Person Responsible: Ethics Executive Officer

Last Reviewed: May 2013

1. PURPOSE

Clinical trials play an important role in the health sector and provide significant benefits to trial participants and the medical community. St John of God Health Care (SJGHC) supports the conduct of clinical trials at its premises subject to the highest standards of care.

This procedure is to assist with the review of clinical trial research agreements (CTRAs) for research conducted at SJGHC by establishing the legal and insurance prerequisites for SJGHC, as a private health care organisation, to be a party to a clinical trial.

Adherence to this procedure will assist with an efficient approval process. SJGHC aims for a 2 week turnaround time for review of CTRAs (and where applicable an Insurance Certificate of Currency) from the date of submission. This 2 week timeframe is on a “stop-the-clock” basis and is on the proviso that the CTRAs accord with the requirements set out in these Guidelines. CTRAs which do not accord with the requirements set out in these Guidelines, will take significantly more time to review and may not be accepted.

2. TYPES OF CLINICAL TRIALS

For the purposes of these Guidelines, a clinical trial has a broad meaning and includes clinical interventional studies*.

There are several different structures of clinical trials depending on the body retaining “sponsorship” of the trial. The table: Attachment A will assist in determining the appropriate type of trial proposed.

Unless SJGHC determines that a clinical trial is “low risk”, a suitable CTRA will be required. This assessment will be made by SJGHC based on the details of the nature of the trial and takes into account factors other than just clinical risk.

(* Studies where there is any form of clinical intervention and not solely a clinical trial of an unapproved therapeutic good within Australia that requires an application to the Therapeutic Goods Administration (TGA) under the Clinical Trial Notification (CTN) or Clinical Trial Exemption (CTX) schemes).

3. CLINICAL TRIAL RESEARCH AGREEMENTS

3.1 Is a CTRA Required?

Unless SJGHC determines that a clinical trial is “low risk”, a suitable CTRA will be required. This assessment will be made by SJGHC based on the details of the nature of the trial and takes into account factors other than just clinical risk.

A trial cannot be considered a low risk trial if it:

- a. involves pregnant women; children; device implants; any risk of causing significant harm, or ongoing loss of function to study participants, or
- b. is an Investigator-Initiated trial.

If there is uncertainty about whether a CTRA is required, researchers should discuss this with the Executive Officer, SJGHC Human Research Ethics Committee (HREC) before submission of their research proposal to the SJGHC HREC.

The use of a CTRA is an effective way for the parties involved in the conduct of a clinical trial to define and allocate their respective roles and responsibilities.

In order to obtain final approval for a clinical trial to be conducted at SJGHC, SJGHC Legal must approve the indemnity and insurance arrangements and other terms of the CTRA.

3.2 Form of the CTRA

The form of CTRA to be used depends upon the sponsor of the trial:

- Trials conducted by commercial sponsors require the SJGHC CTRA – Commercial Sponsor;
- Trials where there is a Contract Research Organisation (CRO) acting as the Local Commercial Sponsor, require the SJGHC CTRA-CRO;
- Trials conducted by non-commercial sponsors (i.e. universities, research institutes/clinical research group (CRG) or public hospitals, etc.) require the SJGHC CTRA –CRG.

These SJGHC CTRA proformas are all based on the relevant Medicines Australia Standard CTAs published in November 2012. Please note unedited versions of the Medicines Australia documents will not be acceptable. Also, as per Medicine Australia's own requirements, no amendments may be made to the body of the agreements. Instead, all amendments must be contained in the final schedule of each agreement. Should any amendments be proposed by Sponsors to the SJGHC CTRA proformas, these amendments should be tracked and the CTAs submitted as tracked documents.

NOTE: Investigator-Initiated Trials. For a number of reasons, these trials can create particular legal issues and should be discussed with the Executive Officer of the SJGHC HREC before submission.

4. SJGHC REQUIREMENTS FOR CTAS

4.1 Scope of SJGHC's Involvement in the Clinical Trial

Due to the limits of SJGHC's insurance policy and its employed expertise (see 4.2 below), SJGHC's obligations under CTAs will generally be limited to the following services:

- access to premises, equipment and nursing care under the direction of the accredited doctor conducting the trial; and
- Ethics Committee approval of the trial.

Unless specific and appropriate insurance cover is prearranged and SJGHC has demonstrated a capacity to assume additional tasks, SJGHC must not be contractually bound to organise the trial, obtain consent from patients or evaluate the results of the trial. Any such obligations are outside the scope of SJGHC's existing insurance cover and may not be accepted.

4.2 Principal Investigators

CTRAs must accurately reflect the relationship between SJGHC and the Principal Investigator (PI) i.e. doctors practising at SJGHC premises are usually not employees of SJGHC, act independently of SJGHC and are not subject to direction from or control by SJGHC outside of the accreditation process.

Accordingly, the CTRA must:

- reflect each party's role and responsibilities in relation to the clinical trial;
- require the PI to be accredited at SJGHC premises; and
- include the PI as a party to the CTRA so that the obligations and responsibilities set out in the CTRA are binding.

4.3 Indemnity

SJGHC will not provide an indemnity under any CTRA.

1. Commercial Sponsors and CROs

For commercially sponsored trials and trials with local commercial sponsors, the relevant SJGHC CTRA sets out the indemnity requirements, which is for the contracting party (either the commercial sponsor or the CRO) to indemnify SJGHC and the PI.

2. CRGs

For clinical trials that are sponsored by a university, research institute/CRG or public hospital, etc., SJGHC takes into account the non-commercial, collaborative nature of the research and therefore does not require an indemnity from the CRG.

4.4 Insurance

1. Commercial Sponsors, CROs and CRGs

A commercial sponsor, CRO or CRG must ensure that it has appropriate and adequate insurance with respect to its responsibilities for a clinical trial and its indemnity obligations during the entire period of the trial. This means that in addition to insurance for its legal liabilities (e.g. its negligence), the commercial sponsor, CRO or CRG must have insurance that provides "No fault" cover to compensate trial participants suffering any loss.

The commercial sponsor, CRO or CRG must provide SJGHC with an Insurance Certificate of Currency that covers those items set out in Schedule 4 of the SJGHC CTRA-Commercial Sponsor and the SJGHC CTRA-CRO, and clause 11 of the SJGHC CTRA-CRG (refer Attachment B: Insurance cover required by SJGHC to be evidenced by a Certificate of Currency).

The Insurance Certificate of Currency should be provided with the CTRA to allow its review.

2. Investigator-Initiated Trials

For clinical trials initiated by PIs, in the absence of a third party sponsor, the majority of the sponsor's obligations fall on the PI who maintains the ultimate control of the clinical trial protocol and the conduct of the clinical trial. Thus, SJGHC requires the PI to maintain adequate insurance to cover liabilities arising under the CTRA as per Schedule 4 of the SJGHC CTRA-Investigator-initiated Trials). This includes both a clinical trials insurance policy with "No fault" compensation, as well as professional indemnity cover that covers the delivery by the PI of health care services contrary to the clinical trial protocol.

The PI should provide SJGHC with an Insurance Certificate of Currency in a form that is acceptable to SJGHC (refer Attachment B: Insurance cover required by SJGHC to be evidenced by a Certificate of Currency). If the PI does not hold this insurance, the PI may still request on a case-by-case basis that SJGHC review the associated risks versus benefits of the specific clinical trial proposal and determine whether the trial may proceed.

4.5 Exclusion of Liability

SJGHC requires any commercial sponsor, CRO or CRG to agree that SJGHC and the PI will not be liable for any incidental, indirect, special or consequential damages arising out of the trial. For example, SJGHC will not be held liable if a product is delayed in being released to the market because of SJGHC's conduct.

APPENDIX A: CHARACTERISTICS OF SPONSORSHIP OF CLINICAL TRIALS

(A) Commercially Sponsored Clinical Trials
<ul style="list-style-type: none"> - The trial is initiated by a pharmaceutical/device company or other commercial entity and not by an investigator. - The trial is conducted to investigate a drug/device/biological for commercial exploitation by its manufacturer/sponsor. - The protocol has been developed and is the responsibility of a pharmaceutical/device company or other commercial entity. - Intellectual property developed as a result of the clinical trial is owned by the relevant pharmaceutical/device company.
(B) CRO Sponsored Clinical Trials
<ul style="list-style-type: none"> - All of the characteristics set out in this table at (A) above, but an Australian-based contract research organisation is engaged by an international pharmaceutical device/company to manage the trial. This is because the contracting entity should be an Australian corporate entity for ease of enforcing rights in a domestic jurisdiction and accessing Australian-based assets in the event of a dispute.
(C) Collaborative/Cooperative Research Group Clinical Trials
<ul style="list-style-type: none"> - The trial is initiated by a CRG. - The CRG is the primary author and custodian of the clinical trial protocol. - The research addresses relevant clinical questions and not pharmaceutical/device industry or commercial needs. - The CRG has declared the nature of any sponsorship from a pharmaceutical entity or any other entity that may directly benefit commercially from the research outcomes.
(D) Investigator-Initiated Clinical Trials
<ul style="list-style-type: none"> - There is no CRG or pharmaceutical/device company sponsoring the trial (although they may contribute to funds or the study drug(s)/device(s). - The clinical trial addresses relevant clinical questions. - The Principal Investigator is the primary author and custodian of the clinical trial protocol. - In some situations there may be an Organisation who employs the Investigator and has obligations under the CTRA.

APPENDIX B: INSURANCE COVER REQUIRED BY SJGHC TO BE EVIDENCED BY A CERTIFICATE OF CURRENCY

- Name and address of the insurer, including its Internet website address.
- Name and address of the insured. If the insurance extends to other parties relevant to the agreement, details should be provided. The institution needs to be satisfied that the Sponsor is actually an insured under the policy.
- Policy number ([])
- Period of insurance ([]-[])
- Class of insurance.
- Sum insured per event including any sub limits (\$[])
- Aggregate sum insured (\$[])
- If applicable, any excess of loss/umbrella policy information.
- Deductibles/excesses.
- In the case of a Clinical Trial Policy, confirmation that it provides both cover for No Fault compensation to be paid in accordance with the Medicines Australia Guidelines for Compensation and cover for legal liability.
- Whether the policy is constructed on an “occurrence” or “claims made” wording and in the case of a “claims made” policy that cover extends for at least a period of 7 years from the end of the trial.
- Scope of cover.
- Territorial limits of the policy. It is essential that the policy respond to claims lodged and processed in an Australian jurisdiction. Notwithstanding that the cover may apply anywhere in the World, if there are any restrictions on claims in an Australian jurisdiction, these must be detailed.
- Relevant policy exclusions and conditions should be listed and detailed if appropriate. Exclusions relating to specific drug use or implements may be important.

SJGHC CTRA Templates

The following templates are used for Clinical Trial Research Agreements at SJGHC. Please click on the links below to download the most current Word versions of these templates.

- [SJGHC CTRA Template – Phase 0-III, Commercial, Employed PI](#)
- [SJGHC CTRA Template – Phase 0-III, Commercial, Accredited PI](#)
- [SJGHC CTRA Template – Phase 0-III, CRO, Employed PI](#)
- [SJGHC CTRA Template – Phase 0-III, CRO, Accredited PI](#)
- [SJGHC CTRA Template – Phase 0-III, CRG, Employed PI](#)
- [SJGHC CTRA Template – Phase 0-III, CRG, Accredited PI](#)
- [SJGHC CTRA Template – Phase IV, Commercial, Employed PI](#)
- [SJGHC CTRA Template – Phase IV, Commercial, Accredited PI](#)
- [SJGHC CTRA Template – Phase IV, CRO, Employed PI](#)
- [SJGHC CTRA Template – Phase IV, CRO, Accredited PI](#)
- [SJGHC CTRA Template – Investigator Initiated](#)
- [SJGHC CTRA Template – Device \(MTAA\)](#)
- [SJGHC CTRA Template – Registry, Employed PI](#)
- [SJGHC CTRA Template – Registry, Accredited PI](#)
- [SJGHC Material Transfer Agreement Template](#)