

# Research Support Services

## Overview

of

## Ethics and Governance

### Session No. 3

Michael Kios



# Ethics and Governance – 4 Part Series

<b>Date &amp; Time</b>	<b>Topics to be Covered</b>
<p>Thursday</p> <p>29 October 2020</p> <p>12.30 pm – 1.30 pm</p>	<p>Overview of Ethics and Governance Guidelines, Legislation, Polices, Procedures Human Research Ethics Applications Low Risk Applications - Quality Assurance</p> <p><a href="https://us02web.zoom.us/j/89494009527?pwd=K29YYWNOtmsxV2xBbnNsdY9mSWhPZz09">https://us02web.zoom.us/j/89494009527?pwd=K29YYWNOtmsxV2xBbnNsdY9mSWhPZz09</a></p> <p>Meeting ID: 894 9400 9527      Passcode: 920776</p>
<p>Thursday</p> <p>12 November 2020</p> <p>12.30 pm – 1.45 pm</p>	<p>Site Specific Assessment Applications Governance Supporting Departments Good Clinical Practice Training Legal Documents</p> <p><a href="https://us02web.zoom.us/j/89294836899?pwd=VytsdlRzUIRrUlo0cUxMRTBWTzkwZz09">https://us02web.zoom.us/j/89294836899?pwd=VytsdlRzUIRrUlo0cUxMRTBWTzkwZz09</a></p> <p>Meeting ID: 892 9483 6899      Passcode: 279765</p>
<p>Tuesday</p> <p>24 November 2020</p> <p>12.30 pm – 2.00 pm</p>	<p>Study Site Master File Essential Documents Data, Privacy and Recruitment Informed Consent Witnesses, Interpreters, Incompetent Patients</p> <p><a href="https://us02web.zoom.us/j/82665006872?pwd=cXA0ODM3SVJvc3p6Z1FWVWZ0d0Zldz09">https://us02web.zoom.us/j/82665006872?pwd=cXA0ODM3SVJvc3p6Z1FWVWZ0d0Zldz09</a></p> <p>Meeting ID: 826 6500 6872      Passcode: 002481</p>
<p>Monday</p> <p>30 November 2020</p> <p>12.30 pm – 2.00 pm</p>	<p>Post Approval Submissions HREC Amendments Safety Reporting Protocol Breaches – Protocol Deviations Post Approval Monitoring - Research Progress Reports - Audits Intellectual Property Supplementary Information</p> <p><a href="https://us02web.zoom.us/j/86720721416?pwd=V2hkNVIUYU9qV0QwSWhkdENBc09ydz09">https://us02web.zoom.us/j/86720721416?pwd=V2hkNVIUYU9qV0QwSWhkdENBc09ydz09</a></p> <p>Meeting ID: 867 2072 1416      Passcode: 423386</p>



# Research Support Services

**Dr Anjali Dhulia**  
Chief Medical officer

**Prof Bill Sievert**  
Director, Clinical Research

**Deborah Dell**  
Manager, Research Support Services  
& Human Research Ethics Committee

**Michael Kios**  
Research Governance Manager  
Agreements, Progress Reports, Research Policies

**Anusha Hingalagoda**  
SSA Coordinator  
Governance - Site Specific Authorisation

**Brinda Kinakkal**  
SSA Coordinator  
Governance - Site Specific Authorisation

**Joan Angello**  
Administrative Assistant  
Annual Reports – Agreements - QA



**Julie Gephart**  
HREC Coordinator  
Low Risk – Quality Assurance

**Sarah Niazmand**  
HREC & SSA Coordinator  
New HREC Applications

**Katharine Mahoney**  
HREC & SSA Coordinator  
Post-Approval Amendments

**Heather Jackson**  
Administrative Assistant  
HREC – Governance - Invoicing



# Responsibilities

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# Principal Investigator Responsibilities

Principal Investigators are responsible for all aspects of the conduct of the trial at a trial site

- Protocol
- SAE reporting
- Progress reporting
- Patient care
- Investigational Product
- Conducted according to ICH and local requirements.



# Principal Investigator Responsibilities

- Should ensure that they are appropriately qualified to conduct the trial.
- Possess Human Research Ethics Committee approval prior to commencement of any study.
- Be able to demonstrate that adequate participant recruitment is likely to be possible.
- Declare any conflicts of interest, payments etc. from other parties.
- Ensure CTN forms are completed in accordance with TGA and Institutional requirements.
- Inform the participant's primary physician about the participant's participation in the trial.
- Ensure that participants have made fully informed, written consent.
- Be thoroughly familiar with the appropriate use of the investigational products and their accountability.
- Conduct studies in accordance to relevant regulations, guidelines, sponsor requirement and the protocol.
- Ensure a delegation log is maintained and delegated personnel are appropriately qualified and informed.
- Document and report any adverse events or deviations in accordance with applicable regulations & guidelines.
- Provide medical care to trial participants that is necessary as a result of any adverse events.
- Submit written summaries of the trial status to the Human Research Ethics Committee annually.
- Ensure that clinical studies are carried out according to ICH, regulatory authorities requirements and any other local requirements.



# Sponsor Responsibilities

Sponsor is responsible for

- Initiation of the trial
- Management of the trial
- Financing of the trial



# Sponsor Responsibilities in Investigator Initiated Studies

- Ensures that any clinical trial involving a drug or device not approved for marketing in Australia obtains approval from the VMIA.
- Ensures that Quality Assurance and Quality Control systems are in place to ensure trials are conducted, data is gathered, and subsequently reported, in compliance with GCP, the trial protocol, and any TGA requirements.
- Is responsible for trial design and appropriate analysis, data handling, record keeping, and overall trial management.



**Investigational Site**

**Qualifications**

**Training**

**Study Site Master File**

**Essential Documents**

# What are Essential Documents?

- Documents which individually and collectively permit evaluation of the conduct of a study and the quality of the data produced.



# The Study Site Master File and Essential Documents

- **Adverse Events including SAE, SUSAR & Notifications**
- **Agreements, Indemnities and Insurance Certificates**
- **Annual Reports**
- **Case Report Forms**
- **Curriculum Vitae and evidence of qualifications**
- **Decoding Procedures**
- **Financial Aspects of the trial**
- **HREC Approval and Committee Composition**
- **HREC approved documents**
- **Informed Consent**
- **Instructions on handling investigational product**
- **Investigator Brochure**
- **Medical, lab and technical procedures and their certification**
- **Protocol**
- **Shipping Records**
- **Source Documents**
- **Revision, amendments & updates to any documentation**



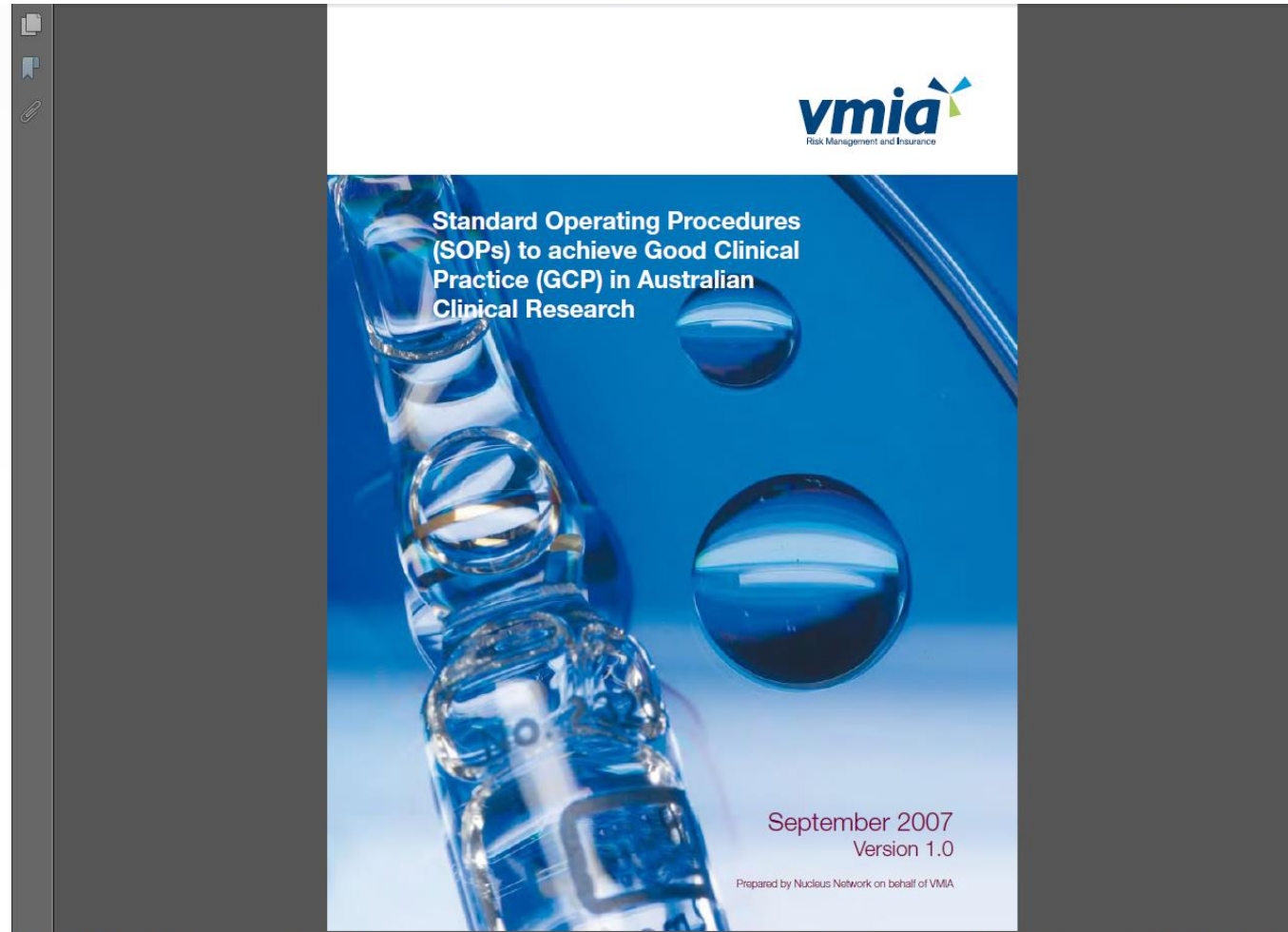
# The Study Site Master File

- For commercial studies, sponsors often provide the templates for the Study Site Master File.
- For studies conducted on behalf of smaller companies or for investigator-initiated studies, the site file can be structured using the Site Master File contents template in the VMIA handbook or other examples that may come to hand.
- Financial documentation such as the clinical trial agreement may be filed in a separate location to the Master Site File.



# VMIA SOP' s - GCP

**No longer available from the VMIA but has useful templates**



# Documentation of Investigational Site Qualifications and Training Records

- Be qualified by education, training, and experience for the proper conduct of the trial.

**This includes training in the protocol, procedures, consent, GCP.**

- Maintain an up-to-date *Curriculum vitae* and review on a yearly basis - signed and dated.
- Maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.
  - **proforma delegation log**



# Delegation Log

## APPENDIX 2 : SIGNATURE LOG AND DELEGATION OF DUTIES (TEMPLATE)

SIGNATURE LOG AND DELEGATION OF DUTIES (template)							
	Protocol No:						
	Investigator Name:						
	Sponsor:						
Start Date Of Involvement	Print Name	Signature	Sample Initials	Function (e.g. sub-investigator, study nurse)	Task Delegated	Authorised by Investigator (initial+ date)	End date of Involvement
a. Informed discussion b. Informed consent sign off c. CRF/DCF Completion and Correction d. CRF/DCF Sign-Off e. Subject Examination/evaluation f. Investigational product dispensation			g. Investigational product accountability h. Randomization of subjects (e.g. IVRS) i. Essential / Regulatory documents handling j. Study specific procedures k. Other				

VMIA SOP No. 001

DOCUMENTATION OF INVESTIGATIONAL SITE QUALIFICATIONS, ADEQUACY OF RESOURCES AND TRAINING RECORDS

Version: 1.0 Dated 17 September 2007

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# Training Record Log

Summary of all training on a spreadsheet

Document: VMIASOP001 Appendix 3

## Internal Training Record

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**Section 1 – Employee (Trainee) Details**

Name :	Position / Title :
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**Section 2 – Training Details**

Date(s) of Training :	Duration :
Type :	Classroom <input type="checkbox"/> eLearning <input type="checkbox"/> Other <input type="checkbox"/> (Provide details in Description section)
Location :	
Description :	
SOP / Module /Course : (If applicable)	Version :
Trainer Name :	Title :

**Section 3 –Competency Assessment / Sign Off**

**Do not sign unless you are confident you understand the implications of the training conducted.**

**Trainee Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee (Trainee) : <small>Signature or Initials</small>	Date: <small>dd/mm/yyyy</small>
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**Trainer Comments (describe competency assessment if applicable)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainer : <small>Signature or Initials</small>	Title	Date: <small>dd/mm/yyyy</small>
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[Institution Name] Page 1 of 1



# The Study Site Master File and Essential Documents

- The Study Site Master File should contain all the essential documentation from the following stages of the trial
  - Before the clinical phase of the trial.
  - During the clinical conduct of the trial.
  - After completion or termination of the trial.

## Filing needs to be timely

- Study documentation should be maintained for a minimum of 15 years for adult studies or up to 33 years of age for participants in paediatric studies.



# Before the clinical phase of the trial commences.

- Dated, documented approval by HREC and all HREC approved documents
- All information to be given to trial participants
- Case Report Form (CRF)
- Agreements and Financial aspects of the trial
- Trial initiation documentation and reports
- Instructions for handling of investigational product(s) and trial-related materials
- Shipping records for investigational product(s) and trial-related materials
- Laboratory tests and procedures
- Normal value ranges for tests
- Decoding Procedures for blinded trials
- CTN



# During the clinical conduct of the trial.

- Investigator's brochure updates
- Any revision to:
  - Protocol/amendment(s) and CRF
  - Informed consent form
  - Any other written information provided to participants
  - Advertisement for participant recruitment
- Curriculum vitae for new investigator(s) and/or sub-investigator(s)
- Signed informed consent forms
- Source documents
- Signed, dated and completed case report forms
- Serious adverse events and related reports
- Annual Reports



# After completion or termination of the trial

- Investigational product(s) accountability at site
- Documentation of investigational product destruction
- Completed participant identification code list
- Final trial close-out monitoring report
- Final report by investigator to HREC
- Clinical study report



# Study Site Master File - (Very) Essential Documents

**File essential documents at the site in a timely manner.**

## **Matters and Documents with high scrutiny**

- Receipt and handling of Investigational Product.
- Protocol
- Investigational Brochure
- Case Report forms and Source Documents.
- Data, Privacy and Recruitment.
- Informed Consent



# Receipt and Handling of Investigational Product

**The investigator and/or who is designated by the investigator (for example Pharmacy) should:**

- Maintain records of the product's delivery and receipt to the trial site.
- Record the use by each participant, and return to the sponsor or dispose of unused product.
- Records should include dates, quantities, batch/serial numbers, expiration dates, unique code numbers assigned to the investigational product(s) and trial participants.
- Ensure investigational product(s) are stored as specified by the sponsor.
- Document that the participants were provided the doses specified by the protocol.
- Explain the correct use of the investigational product to each participant and check that each participant is following the instructions properly.
- A compliance check could include instructing the participants to return empty and partially used containers at their next visit.
- An assessment should be made of how much medication has been taken versus the expected amount of medication to be administered.
- Follow the trial's randomisation procedure and ensure that the code is broken only in accordance with the protocol.
- If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding for example due to an SAE.



# Investigational Product

- The site pharmacy will usually keep investigational product shipping, receipt and accountability documents.
- The site itself does not have to replicate these documents.
- The records must be made available to sponsors monitors and auditors.





# Protocol and Investigational Brochure Content, Design, Amendments & Compliance

## Protocol content and design

- General Information
- Background Information
- Trial Objectives and Purpose
- Trial Design
- Selection and Withdrawal of participants
- Treatment of participants
- Assessment of Efficacy
- Assessment of Safety
- Statistics
- Direct Access to Source Data
- Quality Control and Quality Assurance
- Data Handling and Record Keeping
- Financing and Insurance
- Publication Policy

## IB content and design

- Title Page
- Confidentiality Statement
- Table of Contents
- Summary
- Introduction
- Physical, Chemical, and Pharmaceutical Properties and Formulation
- Non-Clinical Studies
- Non-clinical Pharmacology
- Pharmacokinetics & Metabolism in Animals
- Toxicology
- Effects in Humans
- Metabolism in Humans
- Safety and Efficacy
- Marketing Experience
- Summary of Data & Investigator Guidance



# Protocol Amendments & Compliance

- Follow the procedures related to the protocol and investigational brochure design.
- Inform the HREC, and seek its approval, of any amendments to the protocol and new safety information.
- Conduct the trial in compliance with the protocol agreed to by the sponsor and which was given approval by the HREC.



# Case Report Forms and Source Documents

- Ensure that data reported on the Case Report Form (CRF) that are derived from source documents, be consistent with the source documents or the discrepancies should be explained.
- Ensure measures are taken to prevent accidental or premature destruction of original source documents.



# Case Report Form

- Accuracy, completeness, legibility, timeliness.
- Consistency with source documents or and discrepancies explained.
- Changes dated, initialled, explained not obscure the original entry
- Keep original source documents
- Maintain trial documents in the study site master file
- Ensure access to the monitor, auditor, HREC, regulatory authority when required.



# Record keeping and Archiving

**Study documentation are maintained for the following minimum retention periods:**

- For participants 18 years and over, 15 years following the completion of a clinical trial;
- For participants under 18 years, 15 years following completion of a clinical trial or until the youngest participant has reached 25 years of age, whichever is longer;
- For participants 18 years and over, 7 years following completion of a clinical research study;
- For participants under 18 years, 7 years following completion of a clinical research study or until the youngest participant has reached 25 years, whichever is longer;
- For ongoing studies such as registries, data must be maintained indefinitely;
- For research that led to a ground-breaking or a significant discovery, data must be retained indefinitely. This is a requirement of the Public Records Office of Victoria.
- Original documents are retained; scanned copies are not yet generally accepted as archives.



# Home Visits

- Due to the COVID-19 pandemic, a “Home Visits to Clinical Trial Participants by Clinical Trial Staff” procedure is available on PROMPT.
- This can be accessed on the Monash Health intranet via the following link: <http://prompt/Search/SearchLibrary.aspx> .
- For any sponsor that requests a copy of the procedure, you may download it from PROMPT and provide the sponsor with a copy.
- Please note that this procedure is to satisfy the ethics and governance aspects of home visits and the procedure includes links to several Monash Health policies and procedures that must also be adhered to.



# Data

# Privacy

# Recruitment

# Data and records

## During the research project:

- Principal Investigator is responsible for the storage of data collected and a safe & secure location.
- The Principal Investigator or delegated study coordinator will keep a study document file as a central record – That is the Study Site Master File.
- All data should be reported in the Case Report Form, derived from source documents.

## After completion of the research project:

- Data must be retained in accordance with law, regulations and guidelines.

### Study documentation are maintained for the following minimum retention periods:

- For participants 18 years and over, 15 years following the completion of a clinical trial;
- For participants under 18 years, 15 years following completion of a clinical trial or until the youngest participant has reached 25 years of age, whichever is longer;
- For participants 18 years and over, 7 years following completion of a clinical research study;
- For participants under 18 years, 7 years following completion of a clinical research study or until the youngest participant has reached 25 years, whichever is longer;
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- Original documents are retained; scanned copies are not yet generally accepted as archives.



# Privacy and Confidentiality in Research

## Monash Health Human Research Ethics Committee must:

- Approve the research in which the health information is to be used, under the Statutory Guidelines on Research issued for the purposes of Health Privacy Principles & the *Health Records Act 2001* (VIC) and in accordance with the Australian Privacy Principles.
- **For research involving human tissue samples, the following must be described in the ethics application form:**
  - A procedure in relation to the collection, storage, use and disposal of human tissue in research, to cover issues of confidentiality, and privacy of samples and information. Refer to Use Human Tissue in Research Procedure.
- **For research involving human genetics, the following must be described in the ethics application form:**
  - The method by which the confidentiality and privacy of stored genetic information or research results relating to identified or re-identifiable participants will be ensured
- **For research involving data banks the following must be described in the ethics application form:**
  - How their research data will be collected, stored, used and disclosed in accordance with the National Statement.
- **For research involving people who may be involved in illegal activities, the following must be described:**
  - In research that may potentially discover illegal activity, but is not designed to expose it, researcher's must explain to participants as clearly as possible, the extent to which the researcher will keep confidential any information about illegal activity by participants or others, and the response the researcher will make to any legal obligation or order to disclose such information.



# Research Jessie McPherson Private Hospital (JMPH)

**Appropriate approvals & documents must be in place in order JMPH patients to be participants in human research.**

- Discuss the project with the Chief Executive of JMPH or their authorized delegate.
- Provide any project documentation including the procedure as requested by the JMPH Chief Executive.
- A form signed and dated by the Principal Investigator and the Chief Executive of JMPH or authorized delegate.
- Ethical approval from an NHMRC accredited HREC listing JMPH as a participating site.
- Site Specific Authorisation of the project must be given by Monash Health.
- HREC Review Only Indemnity listing the Principal Investigator & Kitaya Holdings Pty Ltd (ABN 49 006 610 368).
- Standard Form of Indemnity indemnifying Kitaya Holdings Pty Ltd (ABN 49 006 610 368).
- JMPH to be included as a site in the research agreement signed between Monash Health & the sponsor.
- Clinical Trial Notification (CTN) must be submitted to the TGA prior to commencement of a drug or device trial.



# Medicare Eligibility for Trial Participation

- No person, regardless of their residency status, who does not have current right of access to Medicare, may participate in research conducted at Monash Health.
- Where research is conducted on emergency treatments, any participant who is found not to be eligible for Medicare-funded treatment should be withdrawn from the research as soon as possible.



# Informed Consent

The informed consent form and any other written information provided to participants include explanations of the following:

- Obtain the HREC's written approval/favourable opinion of the written informed consent form
- Ensure that the written informed consent form is revised whenever important new information becomes available
- Persons taking the informed consent should have an adequate understanding of the trial and the informed consent process.
- Inform the participant if new information becomes available
- Do not coerce or unduly influence a participant to participate or to continue to participate in a trial.
- Do not use language that causes the participant to waive or to appear to waive any legal rights.
- Language used in the oral and written informed consent form should be as non-technical as practical .
- Provide ample time and opportunity for the participant to inquire about details of the trial.
- Ensure the written informed consent form is signed and dated by the participant & person who conducted the informed consent.
- If a participant is unable to read or if a legally acceptable representative is unable to read, that an impartial witness be present during the entire informed consent discussion, and that discussion be held in an appropriate language.
- Provide the participant a copy of the signed and dated written informed consent form



# Informed Consent

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# What is Informed Consent? - ICH

- ICH Glossary 1.28 –

A process by which a *subject* voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate.



# National Statement Guiding Principle on Research Participation

“The guiding principle for researchers is that a person’s decision to participate in research is to be voluntary, and based on sufficient information and adequate understanding of both the proposed research and the implications of participation in it.”

**The National Statement on Ethical Conduct of Human Research**



# Informed Consent Communication

- The aim of Informed Consent is mutual understanding between researchers and participants.
- This aim requires an opportunity for participants to ask questions and to discuss the information and their decision with others if they wish.



# Informed Consent Procedures

Prior to the beginning of a trial, investigators should:

- obtain HREC written approval of the written informed consent form and any other written information to be provided to participants
- ensure the person or persons taking the informed consent have an adequate understanding of the trial and of the informed consent process.

The investigators must comply with all applicable regulatory requirements and the local HREC requirements.



# Who Can Take Consent?

- The investigator, or a person designated by the Principal Investigator, should fully inform the participant of all pertinent aspects of the trial including the written information
  - Designation should be fully documented prior to the consent process in the delegation log.
  - Includes sub-investigators, research nurses, study site coordinators.



# Informed Consent Requirements

- The delegated person should be fully informed about the project.
- Participants should be given ample time and opportunity for inquiry before deciding to participate.
- All questions about the trial should be answered to the satisfaction of the participant.
- Consent should be taken in the right environment
  - Not in public areas
  - Not when the patient is in distress



# The Consent Process

Must:

- Avoid coercion
- Contain no language waiving or appearing to waive the participant's legal rights
- Be understandable to the participant or witness or legal representative
- The purpose of the trial.
- The participant's responsibilities.
- The compensation and/or treatment available to the participant in the event of trial related injury.



# The Consent Process – National Statement

- (a) any alternatives to participation;
- (b) how the research will be monitored;
- (c) provision of services to participants adversely affected by the research;
- (d) contact details of a person to receive complaints;
- (e) contact details of the researchers;
- (f) how privacy and confidentiality will be protected;
- (g) the participant's right to withdraw from further participation at any stage, along with any implications of withdrawal, and whether it will be possible to withdraw data;
- (h) the amounts and sources of funding for the research;
- (i) financial or other relevant declarations of interests of researchers, sponsors or institutions;
- (j) any payments to participants;
- (k) the likelihood and form of dissemination of the research results, including publication;
- (l) any expected benefits to the wider community;
- (m) any other relevant information, including research-specific information required by the National Statement.



# Participant Information and Consent Form - (PICF)

- Informed consent is documented by means of a written, signed and dated PICF.
- All PICF's must follow the NHMRC standardised templates  
<https://www2.health.vic.gov.au/about/clinical-trials-and-research/clinical-trial-research/how-to-make-an-hrec-application-for-clinical-trials>



# Participant Information and Consent Form - (PICF)

- There are 20 sections in the PICF – Delete any sections that are not relevant to your study.
- Participants may take the PICF home without signing following Informed Consent Interview
- Participants may withdraw their participation in a trial without reason.

## 13 Different PICF Templates

- PICF Interventional for Self
- PICF Interventional for Parent and Guardian
- **PICF Interventional for Person Responsible/Medical Treatment Decision Maker**
- PICF Participant Partner Pregnancy
- PICF Genetic for Self
- PICF Genetic for Parent and Guardian
- **PICF Genetic for Person Responsible/Medical Treatment Decision Maker**
- PICF Non-Interventional for Self
- PICF Non- Interventional for Parent and Guardian
- **PICF Non-Interventional for Person Responsible/Medical Treatment Decision Maker**
- PICF Health and Social Science for Self
- PICF Health and Social Science for Parent and Guardian
- **PICF Health and Social Science for Person Responsible/Medical Treatment Decision Maker**

<https://www2.health.vic.gov.au/about/clinical-trials-and-research/clinical-trial-research/how-to-make-an-hrec-application-for-clinical-trials>



# PICF – 20 Sections (Interventional for Self)

- 1 Introduction
- 2 What is the purpose of this research?
- 3 What does participation in this research involve?
- 4 What do I have to do?
- 5 Other relevant information about the research project
- 6 Do I have to take part in this research project?
- 7 What are the alternatives to participation?
- 8 What are the possible benefits of taking part?
- 9 What are the possible risks and disadvantages of taking part?
- 10 What will happen to my test samples?
- 11 What if new information arises during this research project?
- 12 Can I have other treatments during this research project?
- 13 What if I withdraw from this research project?
- 14 Could this research project be stopped unexpectedly?
- 15 What happens when the research project ends?
- 16 What will happen to information about me?
- 17 Complaints and compensation
- 18 Who is organising and funding the research?
- 19 Who has reviewed the research project?
- 20 Further information and who to contact



# When to take consent

- Consent must be given *before* any study related procedures are performed
- Consent must be obtained prior to the performance of any procedure solely for the purpose of verifying a participant's eligibility for a trial
- PDCF must be signed *prior* to participation in the trial
- Procedures, performed as part of a participant's routine care can be undertaken prior to giving consent



# Obtaining Informed Consent

Before participation in the trial the written informed consent form (PICF) should be signed and personally dated by **the participant and by the person conducting the informed consent discussion.**

If a participant or legally acceptable representative is unable to read, an impartial witness must be present during the entire informed consent discussion, and that discussion be held in an appropriate language.



# Once Consent is obtained...

- A copy of the signed and dated written informed consent form and any other written information must be given to the participant.
- The original is filed in the study site master file.
- Copies of any updates during the trial should be given to the participant.



# PICF's and Version Control

The Master Participant Information and Consent form has sections left blank for the site to complete.

It includes a version number and date.

It is not used for taking informed consent.

Site Specific Information and Consent forms have local site details included.

They have a second version number and date.

These are used for taking consent.

## Version Control of a PICF for Multi-Site Research

There may be more than one Master Participant Information Sheet/Consent Form if special consent requirements apply (e.g. consent forms for parents/guardians of children, persons responsible, participant continuation).

### ► Master Participant Information Sheet/Consent Form

The Master Participant Information Sheet/Consent Form is for the Coordinating Principal Investigator (CPI) to submit where the Participant Information Sheet/Consent Form is identical for each site in a multi-centre study. The CPI or their delegate must submit a Master Participant Information Sheet/Consent Form to the reviewing HREC. A Master Participant Information Sheet/Consent Form contains the required wording applicable to all study sites, and includes the name and contact details of the reviewing HREC. It should be a generic form for multi-centre research (i.e. no site letterhead).

### ► Use of Master Participant Information Sheet/Consent Form at sites

Following HREC approval, the Master Participant Information Sheet/Consent Form must be used at all sites the HREC has approved. The approved document may only be modified to reflect individual sites' details. Permissible changes are:

- Letterhead of the site
- Name of the site where recruitment is to occur
- Name and contact details of the site PI
- Name and contact details of the person dealing with complaints at the PI's organisation
- Local governance changes to the page footer (see instructions below)

### ► Site Master Participant Information Sheet/Consent Form

Where there is a specific site policy and standard wording is required by an organisation (e.g. for religious reasons or site policy), the CPI/delegate may also submit a Site Master Participant Information Sheet/Consent Form for review by the HREC.

The Site Master Participant Information Sheet/Consent Form with the special site-specific wording must include the:

- Letterhead of the site that has the special policy requirements
- Name of the site where recruitment is to occur
- Name and contact details of the site PI
- Name and contact details of the person dealing with complaints at that site
- Name and contact details of the reviewing HREC
- Master Participant Information Sheet/Consent Form version date (on which the Site Master Participant Information Sheet/Consent Form is based) and the Site Master Participant Information Sheet/Consent Form version date in the footer of each page
- Front page explanatory statement, e.g. "Based on the [project title] [HREC Reference Number] Master Participant Information Sheet/Consent Form [Version date]"

► **Both the Master and the Site Master Participant Information Sheet/Consent Form must be approved by the reviewing HREC. The version date must be the same as that which received HREC approval.**

### ► Use of footer for version control

For example:

A Master Participant Information Sheet/Consent Form was approved by a HREC on 17 August 2011 and there is no requirement for a Site Master. The local governance Participant Information Sheet was adapted at a site on 14 September 2011.

#### Template

Master Participant Information Sheet/Consent Form [Date]  
[Site Name] Site Master Participant Information Sheet/Consent Form [Date] (Complete if required)  
Local governance version [Date] (Site P.I. use only)

Text above the line relates to Master (and Site Master if required) version tracking of HREC approved versions.

Text below the line is for tracking of local governance versions that have had details changed for a particular site and do not require HREC approval (i.e. contact details).

#### Complete

Master Participant Information Sheet/Consent Form 17 August 2011  
Local governance version 14 September 2011



# Participant Information and Consent Form (PICF)

- **Monash Health Logo**

(On Information Sheet, Consent Form, Withdrawal Form)

- **Check contact details on all relevant sections**

- **Check radiation section**

– Select correct option

– insert RSO required wording

- **Complaints section to include:**

**Deborah Dell**

**Human Research Ethics Manager**

**Phone: (03) 9594 4611**

**Email: [Deborah.Dell@monashhealth.org](mailto:Deborah.Dell@monashhealth.org)**



# Participant Information and Consent Form (PICF)

- **Footer to include version number and date**
- **Where Monash Health is not the reviewing HREC:**  
**The footer needs to include the Master version number and date as well as a Monash Health version number and date.**
- **Send the approved Clean PICF to**  
**[research@monashhealth.org](mailto:research@monashhealth.org) for barcoding**
- **New PICF – New Version Number & Date (Check Page Numbering)**

**\*\*\* Pay Attention to Detail**



# Monash Health PICFs

- ❖ Must be created from Master document
- ❖ Engage 'Tracking' before making any changes
- ❖ Insert Monash Health logo
- ❖ Insert site specific Investigator(s) and site details
- ❖ Insert footer details per guidelines or in the format:  
*e.g "Monash Health Main PICF V1.0 dated 27 May 2019 based on Master Main PICF V1.0 dated 01 May 2019"*
- ❖ Insert Monash Health Radiation Statement (if applicable)
- ❖ Insert Monash Health reimbursement arrangement (if applicable)
- ❖ Insert Deborah Dell's details as the local complaints contact person
- ❖ Insert Michael Kios's details as Local Governance Officer



# When is a New PICF required?

- The written PICF should be revised whenever important new information becomes available that may be relevant to the participant's willingness to continue participation in the trial

## *Essentially when the risk-benefit ratio changes*

- new information – pre-clinical, foreign data
- Newly discovered contraindications
- New contact personnel
- Protocol or Investigator Brochure amendments
- **Communicate with Research Support Service if you need advice or urgent approvals are needed**



# Barcoding

Barcoding is required for all Monash Health Participant Information Sheets and Consent Forms for Medical Records purposes.

- ❖ Submit request for bar-coding to [Research@monashhealth.org](mailto:Research@monashhealth.org) along with:
  - Study title
  - Monash Health local reference number
  - Clean versions of Monash Health PICFs (Word)
  - Evidence of approval of Monash Health PICFs



# Revised PICF

- New participants should sign the revised PICF
- Have active participants review and sign new PICF at their next visit
- Previous participants may need to be informed
- Version control : ensure new version numbers and filing of each version is complete
- **Use the Barcoded PICF**



## National Statement Guideline 2.2.5

Consent may be expressed orally, in writing or by some other means, depending on:

- (a) The nature, complexity and level of risk of the research; and
- (b) The participant's personal and cultural circumstances.

Note: HREC Approval is required



# Use of Witnesses

- If a participant is unable to read, an impartial witness should be present during the entire informed consent discussion  
*An impartial witness is independent of the study.*
- The PICF should be read and explained to the participant
- The participant should give oral consent and sign/date the PICF if capable



# Use of Witnesses

Is the Witness:

- Witnessing the participant's signature

OR

- Witnessing the accuracy of the consent process

A witness is not required by the National Statement or ICH GCP, but may be an institutional HREC requirement.



# Use of Witnesses

The witness signs and dates the PICF

The witness (to the consent process) attests that:

- The information was given accurately
- Was understood by the participant
- That informed consent was given freely

The witness is NOT giving consent on behalf of the participant

A signature witness only witnesses signing of the consent form.



# Translation of PICFs & Interpreters

- **For non-English speaking participants:**
- A PICF that has been translated by an accredited translator into the participant's native language and approved by HREC should be provided to the participant.
- All consent discussions should take place with the participation of an accredited interpreter who will counter sign the consent form to confirm their involvement in the consent process.



# Interpreters – Translated PICFs not available

- **For non English speaking participants** (HREC approval required):
  - Where a translated PICF is not available the participant should be provided with the PICF in English and informed consent should be held with the participant and an accredited interpreter.
  - The interpreter signs the PICF stating that they are satisfied that the informed consent process, as explained on the PICF, has been fully explained to the participant and they believe the participant has understood the project and their involvement.



# Translation of PICFs & Interpreters

- **For non-English speaking participants:**
  - The interpreter is the interpreter and cannot act as a witness to the informed consent.
  - A family member should not act as an interpreter unless approved by HREC.



# Consenting Young People

- A young person who is deemed competent to provide informed consent must be given the opportunity to consent along with their parent or guardian regardless of the age of the young person.
- For young people under 18 years who are not able to provide informed consent the following must occur:
  - Child's parent/legal guardian must *consent*
  - The child must *assent* unless unable to communicate
  - Refusal of the child to assent should be respected unless the child would receive therapy for which there is no recognised alternative



# Vulnerable Participants - National Statement Section 4.3

## Vulnerable Participants include:

- Patients with incurable diseases and emergencies
- Unemployed or impoverished persons
- Prisoners and residential care patients
- Ethnic minorities, homeless, nomads, refugees
- Minors (under the legal age of consent)
- Those incapable of giving consent
- Mentally incapacitated e.g. Alzheimer's disease

These relationships may compromise the voluntary character of participants' decisions, as they typically involve unequal status, where one party has or has had a position of influence or authority over the other.



# Vulnerable Subjects - ICH

A Human Research Ethics Committee should safeguard the rights, safety, and well-being of all trial subjects. Special attention should be paid to trials that may include vulnerable subjects.

## 1.61 Vulnerable Subjects

Individuals whose willingness to volunteer in a clinical trial may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate.



# HREC and Emergency Research

HREC may approve research to be conducted without prior patient consent if:

- It is likely that the research will lead to increased understanding about, or improvements in, the care of this population, and
- The requirements of relevant jurisdictional laws are taken into account.



# Medical Treatment Planning and Decisions Act 2016

- **The Medical Treatment Planning and Decisions Act 2016 came into effect in Victoria on 12 March 2018. This replaced the Medical Treatment Act 1988.**
- 
- In regard to research, the previous procedure for the “Recruitment of Incompetent Patients into Research” was based on the Guardianship and Administration Act (GAA). Sections relating to guardianship in research in the GAA have been repealed.
- 
- The new “Recruitment of Incompetent Patients into Research Procedure” is available on **PROMPT** to Monash Health employees.



# Recruitment of incompetent patients into Research

If participant is expected to recover in a reasonable time: **Do not recruit.**

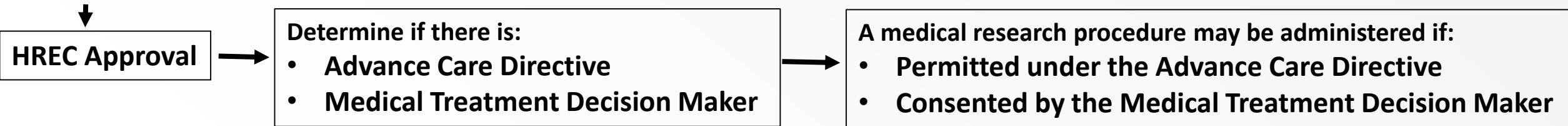
A medical research procedure may be administered in the following ways:

- Permitted under the Advance Care Directive
- Consented by the Medical Treatment Decision Maker
- **“Medical research procedure without consent”**

**Note:** If a participant is recruited the Investigator must record in the medical records:

- Patient has no decision making capacity
- Patient is unlikely to recover in a reasonable time
- Provide reasons for each of the above

## Requirements for recruitment



## When Unable to Locate Advance Care Directive or Medical Treatment Decision Maker

### Medical Research Practitioner Believes:

- The medical research procedure would not be contrary to person’s values
- No more risk than is inherent in the person’s condition
- There is reasonable possibility of benefit compared to standard care

### After administering the medical research procedure:

Practitioner to sign a certificate to be sent to Public Advocate and HREC stating:

- Patient has no decision making capacity
- Decision maker cannot be identified

**Note:**

The patient must be informed and given the option to continue when decision making capabilities are attained. The Decision Maker be informed if found and given the option to continue. A certificate must be sent every 30 days.

**VCAT can be consulted for any matter, question or dispute.**

Reference: Medical Treatment Planning and Decisions Act 2016. Please note this slide is illustrative and does not cover all aspects of the Act



# Ethics and Governance – 4 Part Series

<b>Date &amp; Time</b>	<b>Topics to be Covered</b>
<p>Thursday</p> <p>29 October 2020</p> <p>12.30 pm – 1.30 pm</p>	<p>Overview of Ethics and Governance Guidelines, Legislation, Polices, Procedures Human Research Ethics Applications Low Risk Applications - Quality Assurance</p> <p><a href="https://us02web.zoom.us/j/89494009527?pwd=K29YYWNOTmsxV2xBbnNsdY9mSWhPZz09">https://us02web.zoom.us/j/89494009527?pwd=K29YYWNOTmsxV2xBbnNsdY9mSWhPZz09</a></p> <p>Meeting ID: 894 9400 9527      Passcode: 920776</p>
<p>Thursday</p> <p>12 November 2020</p> <p>12.30 pm – 1.45 pm</p>	<p>Site Specific Assessment Applications Governance Supporting Departments Good Clinical Practice Training Legal Documents</p> <p><a href="https://us02web.zoom.us/j/89294836899?pwd=VytsdlRzUIRrUlo0cUxMRTBWTzkwZz09">https://us02web.zoom.us/j/89294836899?pwd=VytsdlRzUIRrUlo0cUxMRTBWTzkwZz09</a></p> <p>Meeting ID: 892 9483 6899      Passcode: 279765</p>
<p>Tuesday</p> <p>24 November 2020</p> <p>12.30 pm – 2.00 pm</p>	<p>Study Site Master File Essential Documents Data, Privacy and Recruitment Informed Consent Witnesses, Interpreters, Incompetent Patients</p> <p><a href="https://us02web.zoom.us/j/82665006872?pwd=cXA0ODM3SVJvc3p6Z1FWVWZ0d0Zldz09">https://us02web.zoom.us/j/82665006872?pwd=cXA0ODM3SVJvc3p6Z1FWVWZ0d0Zldz09</a></p> <p>Meeting ID: 826 6500 6872      Passcode: 002481</p>
<p>Monday</p> <p>30 November 2020</p> <p>12.30 pm – 2.00 pm</p>	<p>Post Approval Submissions HREC Amendments Safety Reporting Protocol Breaches – Protocol Deviations Post Approval Monitoring - Research Progress Reports - Audits Intellectual Property Supplementary Information</p> <p><a href="https://us02web.zoom.us/j/86720721416?pwd=V2hkNVIUYU9qV0QwSWhkdENBc09ydz09">https://us02web.zoom.us/j/86720721416?pwd=V2hkNVIUYU9qV0QwSWhkdENBc09ydz09</a></p> <p>Meeting ID: 867 2072 1416      Passcode: 423386</p>

