Model for Single Ethical Review of Multi-centre Research for Queensland Health

Office of Health and Medical Research

Queensland Health

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EXECUTIVE SUMMARY

Queensland Health (QH) has implemented a system of single ethical review to enable multi-centre research studies to be ethically and scientifically reviewed once only. The purpose of the system is to streamline the previous process of review of multi-centre research.

To further streamline the process of single ethical review a Central Coordinating Service (CCS) for all multi-centre QH research studies has been established. The Central Coordinating Service aims to:

- support districts in the transitions to a single review system for multi-centre research through central allocation of studies for review by reviewing QH HRECs
- provide industry sponsors a central point of contact for early alert to new trials
- commence development of investigator networks to improve exposure of regional and other under-represented sites to clinical trials and
- in collaboration with Aboriginal and Torres Strait Islander communities, undertake the development of a service delivery model to be more inclusive of the health care needs of Aboriginal and Torres Strait Islander people.

The model is one where lead, certified, reviewing Human Research Ethics Committees (HRECs) conduct a single ethical and scientific review on behalf of all sites at which a research study is to be conducted, thereby eliminating the need for each local HREC to conduct its own review.

An Expression of Interest was issued by the NHMRC for organisations to nominate their HREC to become a lead, reviewing, certified HREC using the National Harmonisation of Multi-centre Ethical Review (HoMER) certification system and nominating for those areas specified in the certification document.

A Coordinating Principal Investigator or delegate will be responsible for the submission of a research study to the Central Coordinating Service (CCS). The CCS will allocate the study to a lead reviewing certified HREC. This system will not interfere with any single site review processes for single site research studies.

QH Districts retain responsibility for authorising the commencement of research to be undertaken within their institutions through their locally organised governance processes using a site specific assessment for each research study. This allows the institution/district to consider whether it has the capacity to conduct the research at that site, considering such matters as resources, staff, patient availability, budget etc. The site specific assessment preparation and lead reviewing HREC ethical review may occur in parallel, however the decision to authorise or not authorise the commencement of a research study will only be made by the QH district when the lead reviewing HREC has granted approval and the site specific assessment has been satisfactorily completed.

The QH electronic application tracking and management database system, Australian Research Ethics Database (AU RED) is used to underpin the operation of the single ethical review system, allowing the timely communication of reviews between investigators, lead reviewing HRECs and sites.

The Director-General endorsed the QH Single Ethical Review Process in December 2009. The process, including the mandatory use of the CCS, was implemented on 1 July 2010. All multi-centre research studies, to be conducted in Queensland health facilities, now only require ethical review by one QH HREC, certified to undertake the review.
Aims of QH Single Ethical Review Model

The purpose of this model is to implement a system whereby every research study is ethically and scientifically reviewed once by a single certified HREC (a lead reviewing HREC). This is known as "single ethical review".

The broad aims of the model are as follows:

- **Efficiency**: To use the resources of all parties which are required to obtain and conduct ethical and scientific reviews in the most efficient manner.
- **Effectiveness**: To maintain and enhance the quality and effectiveness of the ethical and scientific reviews obtained and conducted by all parties.
- **Timeliness**: To allow ethically and scientifically acceptable multi-centre research studies to commence in a timely fashion.
- **Cost-effectiveness**: To maintain a system of single ethical review which is cost-effective for all parties.

Scope of QH Single Ethical Review Process (SERP)

All research studies which are to be conducted at sites under the control of Queensland Health will be ethically and scientifically reviewed once only.

The model of single ethical review applies to all types of research involving humans (both clinical and non-clinical research) which are to be conducted in the Queensland public health system.

- The model of single ethical review has been implemented throughout the whole of the Queensland public health system.
- Research involving access to tissue will continue to require review by the Clinical and Statewide Services Research Committee (CaSS): Clinical and Statewide Services: Using CaSS resources, including tissue material
- Research involving access to coronial material must continue to be referred to the Queensland Health Forensic and Scientific Services Human Ethics Committee (FSS-HEC) for ethical and legal approval. For further information please refer to Research Involving Material from Coroners’ Autopsies: Advice to ethics committees and researchers:
Model of Single Ethical Review for Multi-Centre Research Studies

1 Lead reviewing HREC set up

A lead reviewing HREC is a HREC which has been certified to undertake the single ethical review of research studies to be conducted at more than one site.

A lead reviewing HREC has been certified to conduct ethical reviews under the certification standard of the HoMER national system. Lead reviewing HRECs are certified to conduct ethical reviews of multi-centre research for their nominated area of clinical research. These include:

- Clinical trials of drugs and devices
- Population health and/or public health
- Paediatric
- Justice health
- Aboriginal & Torres Strait Islander Peoples health
- Clinical interventional research other than clinical trials
- Qualitative health research
- Mental health

Only a lead reviewing certified HREC may conduct a single ethical review of multi-centre research studies on behalf of all Queensland Health institutions. Lead reviewing HRECs must be certified to conduct single ethical reviews of multi-centre research in the particular research area of the submitted study.

Local institutional HRECs will continue to conduct ethical and scientific review for single site research as per the guidelines on the REGU website:

The process for selection of lead reviewing HRECs is:

- Issue of an Expression of Interest (EOI) by the NHMRC HoMER certification body for institutions to nominate their HREC processes for certification.
- The completed institutional nomination and self assessment forms, a signed declaration form, and copies of documents that support institutional claims were forwarded to the certifying body.
- The certifying body will conduct a desktop audit of institutional paperwork
- The certifying body will conduct an on-site visit and issue a draft report
- The certifying body will issue a final report and a certificate of conditions
- All applicants which meet the certification standards will be certified as a lead reviewing HREC
The first round of nominations for certification closed 28 February 2010. For further information with regard to applying for certification please see http://www.nhmrc.gov.au/health_ethics/homer/certification_scheme_handbook.php

Certification committee

The certification committee will be the HoMER national scheme certification committee. QH will not adopt a separate certification scheme.

Certification standards for lead reviewing HRECs

Certification standards are those of the HoMER certification standards. The responsibility for meeting these certification standards rests with the District or site which constituted the HREC.

The name, contact details and certification status of each lead reviewing HREC will be made publicly available on the REGU website, located at: http://www.health.qld.gov.au/ohmr/html/regu/hrec_contacts.asp

Non certified HRECs

Institutions may choose not to nominate for certification their HREC processes. HRECs will continue to conduct ethical and scientific review for single site research which is being conducted at sites within the jurisdiction of their HREC.

The Coordinating Principal Investigator (CPI)

One investigator must be selected as the Coordinating Principal Investigator for a multi-centre study. Selection of the Coordinating Principal Investigator is the responsibility of the research team, in communication with the research sponsor (if applicable).

The Coordinating Principal Investigator is responsible for the submission of the application to the Central Coordination Service (CCS), for allocation to a lead reviewing HREC.

The Coordinating Principal Investigator is responsible for the submission and communication of all subsequent requests and notifications for the authorised research study, including the distribution of all lead reviewing HREC approved documentation to site local Principal Investigators or delegates (e.g. site contact person).

The Coordinating Principal Investigator may nominate a study coordinator through which the lead reviewing HREC may communicate.

Post HREC approval, for industry sponsored clinical trials, some documentation distribution such as Serious Adverse event reporting to the lead reviewing HREC, may be delegated by the CPI to the Sponsor / Contract Research Organisation, if applicable.

The position of Coordinating Principal Investigator must be determined prior to submission of an application to the CCS.
5 Submission of a research study to the Central Coordination Service for review by a lead reviewing HREC

Coordinating Principal Investigators may not submit an application for a multi-centre research study, for single ethical review, to multiple HRECs.

All multi-centre research studies for review by a lead reviewing certified QH HREC are submitted through the QH Central Coordinating Service by the Coordinating Principal Investigator or delegate.

Applications for ethical review of a multi-centre research study may only be made by the Coordinating Principal Investigator or delegate for that study. Applications may not be submitted by a sponsor or contract research organisation on behalf of the Coordinating Principal Investigator.

Applications must be submitted on the online National Ethics Application Form (NEAF) accessed at: https://ethicsform.org/au/SignIn.aspx and Coordinating Principal Investigators are required to electronically upload all their supporting documents through the online NEAF website.

Coordinating Principal Investigators must submit the required number of copies of the application to the lead reviewing HREC, as is deemed necessary by that HREC.

The Coordinating Principal Investigator is required to specify, on the NEAF, all known Australian sites at which the research study is to be conducted. Additional sites may be added at a later stage if required. Overseas sites need only be entered on the NEAF if applicable e.g. Australian researcher conducting studies at overseas sites.

6 Ethical and scientific review process

6.1 Review of new applications

The manner in which the lead reviewing HREC conducts its scientific and ethical review of a multi-centre research study, is at the discretion of that HREC, provided the certification standards and the requirements of the National Statement are met.

The lead reviewing HREC, in conducting an ethical review of a multi-centre research study, considers ethical issues only, not matters of research governance. Matters of research governance are considered by the site as part of its site specific assessment process.

The HREC, after scientific and ethical review of the application, makes one of the following decisions:

- Invalid application
- Not requiring review by HREC
- Approved
- Not approved
- Further information/modification requested
- Further information request approved
- Further information request not approved
- Further information request not complete
- No opinion pending consultation with referee
6.2 Notification of outcomes of ethical review

The HREC administrator communicates the outcome of the HREC ethical review to the Coordinating Principal Investigator.

Ethical approval granted by the lead reviewing HREC does not imply authorisation to commence the research study. This is granted by the District CEO (or delegate) at the local site and is a matter for the site and the completion of any statutory or administrative requirements e.g. Clinical and State-wide Services, the Public Health Act and the Queensland Civil and Administrative Tribunal.

The 60 day clock

Written notification of the final ethical opinion of the lead reviewing HREC should be sent to the Coordinating Principal Investigator within a maximum of 60 calendar days. This is known as the “60 day clock”.

The 60 day clock applies to the HREC review only and does not apply to the overall time taken for individual sites to grant authorisation for the commencement of research studies at their site.

The 60 day clock, for valid submissions, commences on the submission closing date for the meeting at which the application is to be first considered.

The 60 day clock stops while awaiting a response from the Coordinating Principal Investigator to a request by the lead reviewing HREC. The date at which the clock stops is the date on which the request for further information was sent to the Coordinating Principal Investigator. The clock commences again when a complete response, addressing the issues raised by the HREC, has been received by the HREC administrator.

The 60 day clock applies to valid research applications only.

6.3 Withdrawal and re-submission of an application for ethical review

The Coordinating Principal Investigator may withdraw an application which has been submitted to a lead reviewing HREC for review.

Should the Coordinating Principal Investigator wish to resubmit the application for ethical review, the application should usually be resubmitted to the lead reviewing HREC to whom the original application was submitted via discussion with the Central Coordinating Service who will decide whether to allocated a new HREC number.

The Coordinating Principal Investigator must include in the resubmission all previous documentation associated with the initial review undertaken by that lead reviewing HREC.

7 Research governance and the site specific assessment

7.1 Separation of research governance from ethical review

The separation of responsibility for the governance of research from its ethical review is a key concept underpinning the model for single ethical review. Under the model, institutions (not their HRECs) are responsible for determining whether the resources, budget, facilities and staff at their site/s are appropriate for each research study.

The separation of research governance, while important to the facilitation of single ethical review is also mandatory for single-site research studies.
7.2 Site specific assessment

The site specific assessment is the mechanism employed by QH to separate matters of research governance from matters of ethical review requiring consideration by HRECs.

Prior to authorisation being granted by the District CEO (or delegate) to commence a research study, each site at which the multi-centre research study is to be conducted is required to undertake a site specific assessment of the research study. This assessment is through the submission of a Site Specific Assessment Form (SSA Form) to the Research Governance Officer.

In conducting the site specific assessment, the standard SSA Form accessed through the online NEAF site is used for all sites. This form is to be completed by the local site Principal Investigator (or site contact person) responsible for the overall conduct of the research study at that site.

A separate site specific assessment form must be completed for each separate research study and for each site at which it is to be conducted.

The Research Governance Officer provides advice to the District CEO or delegate, who retains responsibility for authorising the conduct of research at the site. The Research Governance Officer is an identified position and the role of conducting a site specific assessment should be included in the job description for that officer.

The details of each site and the appropriate Research Governance Officer is publicly available on the REGU website.

The local site principal investigator is required to submit a completed site specific assessment form and a copy of supporting documentation to the appropriate Research Governance Officer.

The Research Governance Officer reviews all valid site specific assessment forms in order to provide advice to the District CEO or their delegate as to whether authorisation should be given for the research study to be conducted at that site. In conducting this assessment, the Research Governance Officer may seek advice from other Area personnel as is considered necessary. In conducting the assessment, the Research Governance Officer considers only matters concerning the site suitability of the study. Matters concerning the ethical acceptability of the study are considered by the lead reviewing HREC only.

The site assessment is satisfactorily completed when the Research Governance Officer notes that it contains all required information and has completed the section of the form which provides advice to the District CEO (or delegate) as to whether or not the study should be given authorisation to commence. This information is recorded in AU RED.

7.3 Interaction with the ethical review process

The preparation of a site specific assessment form by the local site Principal Investigator (PI) should occur in parallel of the ethical review undertaken by the lead reviewing HREC.

The lead reviewing HREC is not required to review or note the site specific assessment form prior to granting ethical approval.

It is the responsibility of the local site Principal Investigator to submit one copy of the approved ethics application, copy of the lead reviewing HREC approval letter and all supporting documentation to the Research Governance Officer once final lead reviewing HREC approval has been granted.

The Research Governance Officer may, at his/her discretion, discuss aspects of the research study with the lead reviewing HREC and vice versa.
Once the Research Governance Officer has received a valid site assessment form, supporting documentation and the approval of the lead reviewing HREC, he/she will send his/her recommendation regarding commencement of the study at that site to the District CEO (or delegate).

In order to allow the lead HREC to conduct adequate monitoring, the Coordinating Principal Investigator will be required to notify the reviewing HREC of any sites which do not receive site authorisation.

### 7.4 Withdrawal of a site specific assessment form

Where the local site Principal Investigator decides not to proceed with conducting the research study at that site, he/she may withdraw the site specific assessment form. Requests to withdraw the research study from site specific assessment, must be made in writing to the Research Governance Officer by the local site PI.

### 8 Authorisation of research studies

The District CEO (or delegate) may either authorise or reject authorisation to commence the research study.

Only the District CEO (or delegate) can give authorisation for a research study to commence within, or in association with, their health facilities. This responsibility cannot be delegated to that institution’s HREC.

The signed authorisation will be returned to the Research Governance Officer.

The Research Governance Officer will be responsible for notifying the local site Principal Investigator of the District CEO (or delegate) decision.

### 9 Amendments to research given district authorisation

Post approval amendments to a research study are processed as per:

- [QH HREC SOP](#)
- [QH Researcher User Guide](#)
- [OH RGO SOP](#)

### 10 Notification and review of serious and unexpected adverse events

Notification and review of serious and unexpected adverse events are processed as per:

- [QH HREC SOP](#)
- [QH Researcher User Guide](#)
- [OH RGO SOP](#)

### 11 Monitoring of research given institutional authorisation

Monitoring of research studies is as per:

- [QH HREC SOP](#)
12 Suspension or withdrawal of HREC approval

Suspension or withdrawal of ethical approval for a research study is as per:

- QH HREC SOP
- QH Researcher User Guide
- QH RGO SOP

13 Suspension or withdrawal of research authorisation by the District CEO

Suspension or withdrawal of authorisation by the site at which the research is being conducted is as per:

- QH HREC SOP
- QH Researcher User Guide
- QH RGO SOP

14 Extension of a single site research study to multi-centre

Where a study is to be extended to additional site/s, the local PI will take on the role of the CPI.

If the original approving HREC is not certified to approve multi-centre research in the study field of research the CPI will be required to submit the study to the CCS, for allocation to a certified Lead reviewing HREC for approval and include all correspondence from the original HREC review.

If the original approving HREC is certified to approve multi-centre research in the study field of research the CPI will submit an amendment to the original approving HREC.

The Lead reviewing HREC will notify the CPI once HREC approval is granted.

The CPI will notify the local PI who will then apply to the local RGO for district authorisation.

The research will not be able to commence at each additional site until each respective district/site has granted authorisation.

If there is a possibility that a study may become multi-centre, e.g. a researcher is waiting on funding before extending to other sites; researchers are encouraged to apply to a certified Lead reviewing HREC in the first instance for ethical review and approval.

15 Extension of a multi-centre research study to additional sites

Where, following the granting of lead reviewing HREC approval to commence a multi-centre research study, that study is to be extended to an additional site, the CPI will submit an amendment to the lead reviewing HREC. The local site Principal Investigator responsible for the conduct of the study at the...
additional site will be required to submit a site specific assessment form to that site’s research governance officer (with the notification of original ethical approval by the lead reviewing HREC).

The research will not be able to proceed at that site until the District CEO or his/her delegate has granted authorisation.

In order to allow the lead reviewing HREC to monitor all sites, the Coordinating Principal Investigators will be required to inform the lead reviewing HREC that an additional site/s has been added.

Where a study is to be extended to an additional site, and where the proposed research protocol is not identical to that originally approved by the lead reviewing HREC, an amendment for the protocol deviation must be submitted to the lead reviewing HREC in addition to submitting a site specific assessment form to the RGO. Instances where this may occur include:

- Extension of study to include a sub-study which is to be conducted at an additional site. The lead reviewing HREC may request that the sub-study be submitted as a new application.
- Extension of study to include testing of participants which is to be conducted solely at an additional site.

16 Study closure at a site

Where an authorised research study is to be closed at one or more sites, the Coordinating Principal Investigator must notify the lead reviewing HREC in writing. The local site Principal Investigator at each site should also notify, in writing, the Research Governance Officer.

Where a research study at a site is terminated or suspended by the Coordinating Principal Investigator or site Principal Investigator prematurely, the lead reviewing HREC and Research Governance Officer should be promptly informed and provided with a detailed written explanation of the circumstances.

17 Appointment of a new Coordinating Principal Investigator

Where a new Coordinating Principal Investigator is to be appointed, the lead reviewing HREC must be notified in writing by either the departing Coordinating Principal Investigator, the sponsor or the new Coordinating Principal Investigator.

The new Coordinating Principal Investigator is required to notify the site at which he/she is the local site Principal Investigator.

18 Appointment of a new local site Principal Investigator

Where a new local site Principal Investigator is to be appointed, the relevant Research Governance Officer must be notified in writing by the departing local site Principal Investigator or by the Coordinating Principal Investigator if the departing local site Principal Investigator is unable to make the notification.

19 Fees for ethical review and site specific assessment

Fees, as per the QH Research Management Policy and Framework (QH RMP), are applicable to all commercially sponsored research.

20 Complaints

Processing of complaints is as per:
21 Role of QH non lead reviewing HREC

The local site / district HREC (where it is not the lead reviewing HREC for a study) has no role in reviewing a multi-centre research study for ethical review. The local HREC will also have no role in reviewing amendment requests or notification of adverse events for studies reviewed by a lead reviewing HREC.

The local HREC will remain responsible for reviewing proposals to conduct single-site research at institutions within its jurisdiction as set out in its Terms of Reference.

22 Transitional Arrangements

Implementation of the system for single ethical review commenced on 1 July 2010. Research studies which were approved by a Queensland Health HREC prior to the implementation date will continue to operate in accordance with previous HREC arrangements.

Amendment requests for multi-centre research studies which were approved by one or more Queensland Health HRECs prior to the introduction of single ethical review will continue to require approval from the HREC/s which originally reviewed the study.

Notifications of adverse events for multi-centre studies which were approved by one or more Queensland Health HRECs prior to the introduction of single ethical review will continue to be reported to the HREC/s which originally reviewed the study.