Summary of the role, structure and functionality of Research Ethics Committees within the Health Research Authority in England

The purpose of this document is to clearly explain, at the operational level, the activities undertaken by Health Research Authority (HRA) office staff and REC members within the National Research Ethics Service (NRES). The document can be used as part of the induction or professional development of NHS Research Management staff and others wanting a summary overview. The Introduction section is common to a companion document summarising the role of NHS Research Management staff.

1. Introduction

Research is vital in providing the new knowledge needed to improve health across the population. The NHS Constitution confirms the commitment of the NHS to “the promotion, conduct and use of research to improve the current and future health and care of the population”. All parts of the NHS have a role to play in undertaking and supporting research as well as using research evidence when deciding what services the NHS provides. Additionally NHS based research is a very important part of the UK economy.

Research in the NHS is very varied in terms of disease area and clinical setting. Some examples are the development of a new drug to treat new born babies, a new type of replacement hip, a new type of physiotherapy for stroke patients, the use of an existing therapy for a new condition, a new type of medical device, how frequently a condition occurs, what are the risk factors for a certain condition and how lifestyle impacts health. Research also looks at how services are delivered – in the community, at GP surgeries or at a large specialist centre – and at how people experience health care. Research can be funded in many ways such as through grant awards, by commercial companies and national and local charities.

Research carried out in the NHS must comply with any legislation (such as the Data Protection Act, the Human Tissue Act, the Mental Capacity, etc.) relevant to the activities being undertaken as part of that study and must obtain any necessary regulatory approvals. The regulatory approvals required for any one study depends on the type of research being carried out. For example:

- Clinical trials of investigational medicinal products (CTIMPs) require a clinical trial authorisation from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Medical device studies may require a Notice of No Objection from the Medicines and Healthcare products Regulatory Agency (MHRA).
• Studies that involve ionising radiation or the administration of radioactive substances must have the appropriate approvals or licence in place.

• Occasionally researchers need to be able to access to identifiable patient data without consent. To do so permission is required from the Health Research Authority, decisions are made by the HRA on the advice of the Confidentiality Advisory Group (CAG).

• Studies that involve working with prisoners must be reviewed by the National Offender Management Service (NOMS) and it is advised that they are reviewed by a Research Ethics Committee which is flagged to review this type of research.

• Most studies require a favourable opinion from a NHS Research Ethics Committee although there are exceptions, details of which can be found on the Health Research Authority website.

Research is actively managed in organisations delivering NHS and healthcare services to ensure that the study can be delivered in that place and that there are appropriate indemnity arrangements in place. Researchers must gain permission to undertake the research at the site(s) where they intend to carry out their work.

The Integrated Research Application System (IRAS) allows researchers to coordinate their research applications to regulators and to sites where they intend to carry out the research.

2. Contextual information

2.1 The National Research Ethics Service (NRES) is a core part of the Health Research Authority [http://www.hra.nhs.uk/]. The Health Research Authority appoints Research Ethics Committees (RECs) in England. There are equivalent appointing authorities in Scotland, Wales and Northern Ireland, with whom NRES work collaboratively.

2.2 The role of Research Ethics Committees is to safeguard the rights, safety, dignity and well-being of people participating in research, as well as facilitating and promoting ethical research that is of potential benefit to participants, science and society.

2.3 The Research Ethics Committees review applications for research in the NHS and other specific situations, and give an opinion about the proposed participant involvement and whether the research is ethical. RECs are entirely independent of research sponsors (that is, the organisations funding and hosting the research) and investigators. This enables them to put participants at the centre of their review.

2.4 Researchers conducting most types of research in the NHS are required to submit their study for ethical review by a Research Ethics Committee. The types of study requiring ethical review are those that involve:

• potential research participants identified from, or because of, their past or present use of the NHS (UK wide) or Adult Social Care services (Scotland & NI only), including participants recruited through these services as healthy controls. This includes services provided under contract with the private or voluntary sectors.
- potential research participants identified because of their status as relatives or carers of past or present users of these services;
- collection of tissue (i.e. any material consisting of or including human cells) or information from users of these services; or
- use of previously collected tissue or information from which individual past or present users of these services could be identified, either directly from that tissue or information, or from its combination with other tissue or information in, or likely to come into, the possession of someone to whom the tissue or information is made available, unless any of the exceptions or other exclusions apply.
- xenotransplantation (i.e. putting living cells, tissue or organs from animals into people
- health-related research involving prisoners

Complete guidance, giving various exceptions, is given in section 2.3 of the document Governance Arrangements for Research Ethics Committees (GAfREC).

There are also helpful tools on the HRA website to help identify whether or not a project is research. http://www.hra.nhs.uk/research-community/before-you-apply/determine-whether-your-study-is-research/

2.5 More information about NRES and the service it provides is given at http://www.hra.nhs.uk/.

2.6 The National Research Ethics Service (NRES) is comprised of approximately 90 HRA members of staff and 1200 volunteer Research Ethics Committee (REC) members.

3. **Research Ethics Committees (RECs)**

3.1 Currently (August 2013) there are 69 NHS Research Ethics Committees in England. There are different types of RECs:

i. RECs authorised to review non CTIMP health related studies.

ii. RECs recognised for the review of CTIMPs and non CTIMP health related studies.

iii. RECs recognised for the review of phase 1 CTIMPs where there is no therapeutic benefit to the participant, e.g. early phase drug trials in healthy volunteers, as well as the review of CTIMPs and non CTIMP health related studies.

iv. Some RECs have specialist expertise and training for the review of studies involving participants that may lack the capacity to consent, studies involving
children, health research being undertaken on prisoners and studies involving gene therapy.

v. There are also RECs which have non mandatory flagging for certain types of research such as research involving medical devices and qualitative research.

3.2 Each NHS Research Ethics Committee is made up of between 12 and 18 volunteer members. At least one-third of the members must be ‘lay’; half of the lay members must be ‘lay plus’ members. Lay members are people who are not registered healthcare professionals and do not conduct clinical research. Lay plus members are people who have never been care professionals, researchers in a care field, or chairs, members or directors of care service bodies or organisations providing care. The remainder of the committee are expert members, who are specialists including doctors, other healthcare professionals and academics. Each Committee has a Chair, a Vice Chair and an Alternate Vice Chair.

3.3 Each year, RECs review around 6,000 research applications. On average, they give an opinion in less than 40 days: well within the maximum allowed of 60 days.

3.4 Studies which present minimal risk or burden for participants and are deemed to have no material ethical issues, within clearly defined categories of research, are reviewed by a Proportionate Review Sub Committee, with an ethical opinion being given within 14 days of receipt of a valid application. Approximately 20% of applications are reviewed through the Proportionate Review System with an average time to review of 8 days.

4. NRES Operational Structure

4.1 The senior management structure for NRES is as follows:

4.2 All English RECs are administrated from one of five HRA Offices, which are based in London, Bristol, Manchester, Nottingham and Jarrow.

4.3 The NRES staffing structure within the HRA Offices is as follows:
i. **NRES Regional Manager for the Centre**, who is responsible for the management of the staff within the office and has overall responsibility for the management of the RECs administrated from that Centre.

ii. **Deputy NRES Regional Manager for the Centre**, who provides technical advice and additional support to the REC Managers and assists the NRES Regional Manager for the Centre.

iii. **REC Managers**, who are responsible for the day to day management of committee workload including the processing of new applications for ethical review and on-going work such as substantial amendments. REC Managers usually manage two Research Ethics Committees.

iv. **REC Assistants**, who assist the REC Manager.

v. **Administrative Assistants**.

vi. **Office Administrative Assistant**, who is responsible for the day to day running of the office.

5. **Functions of the National Research Ethics Service**

An NRES REC Office, based within an HRA Office, undertakes some or all of the following functions intended to provide support to research applicants and manage the ethical review and post approval work, up to the receipt of the final research summary.

5.1 Provide support and guidance to research applicants on all aspects of the application and review process.

5.2 Facilitate the booking and submission process. Applications are booked for a specific REC meeting by telephoning one of three booking systems, depending on the type of application.

i. **The Central Allocation System (CAS)** is a national booking line for studies where specialist expertise may be required, such as CTIMPs, medical device studies or studies involving adults who lack the capacity to consent. The applicant will be offered the first available meeting slot in the UK, although they may choose to accept a different meeting which is more convenient or choose to attend a meeting for a specific REC.

ii. **The Local Allocation System (LAS)** is for booking other studies and the applicant will be offered the first available meeting in their local area, although they may choose to accept a different meeting which is more convenient or choose to attend a meeting for a specific REC.

iii. **The Proportional Review Allocation System (PRAS)** is a national booking line for applications which do not have any material ethical issues and can therefore potentially be reviewed by a proportionate review sub committee. Applicants are booked to the next meeting in the UK but as there is no option for the applicant to attend the meeting in person, there is no option to decline this meeting and request a different meeting during this booking.
5.3 On receipt of a new application, the REC Manager will undertake an initial review of the application and supporting documentation to ascertain whether it would be considered valid, or could easily be made valid in liaison with the applicant. The closing date for receiving new applications is 14 days before the meeting takes place after which all applications which have been booked to a meeting will be collated and forwarded to the REC members. This allows sufficient time for the REC members to read and review the applications, usually up to 6 per meeting.

5.4 Each REC meets eleven times per year. The quorum for a meeting is 7 members, at least one of which must be a lay plus member. Applicants are always invited to attend the meeting to give an opportunity for the Committee to ask questions or seek clarity on any outstanding issues. The ethical review will focus mainly on the participants of the proposed study, particularly in terms of any risk, and whether the benefit of the study outweighs the risk for each individual taking part. The REC will also consider whether the proposed study is of good quality and likely to achieve the research outcomes, as poor quality research may be deemed to be unethical. Further information regarding the ethical review of a research application can be found at http://www.hra.nhs.uk/.

5.5 The decisions available to the REC are:

i. **Favourable with standard conditions**, which means that the study has ethical approval to proceed, as long as local management approval is in place prior to the study starting. For NHS organisations this means that NHS permission to undertake the research at that site has been granted.

ii. **Favourable with additional conditions**, which means that the study has ethical approval in principle but there are certain issues which need to be addressed prior to the study starting such as a minor change to participant documentation. It is the responsibility of the study sponsor to ensure that additional conditions are met.

iii. **Provisional opinion**, which means that there are more substantial changes which need to be made before the study starts. These changes would require further ethical review on the basis of which a favourable or unfavourable opinion would be given by the REC.

iv. **Unfavourable Opinion**, which means that the study does not have ethical approval to proceed and a further application would need to be submitted should the applicant choose to proceed with the study. Advice and guidance will be provided by the Committee setting out the reasons for their decision and suggesting changes which would mean that a favourable opinion on resubmission would be more likely. For applications processed through the Proportionate Review Service an unfavourable opinion is only given where the application is of such poor quality that it is probable that an unfavourable opinion would be given if it were to be reviewed at a full meeting.

v. **No Opinion** (Proportionate Review only), means that the Proportionate Review sub committee (3 members) have deemed that the proposed study
does have material ethical issues and will therefore need to be reviewed by a full committee.

5.6 Following the meeting, the REC Manager will produce a set of minutes, which are agreed by the Chair, after which the decision letters will be produced and sent to the applicant. Letters are sent to the applicant within 10 working days of the meeting. Any further information or changes to the documentation etc. from the applicant which may have been requested by the Committee will be managed by the REC Manager who will liaise with nominated members of the Committee as appropriate.

5.7 For each study, the REC administration team will be responsible for ensuring that standard reporting, such as progress reports and end of study reports are processed, chasing these up with the researcher when required. The REC administration team will also facilitate the processing and review of ongoing work such as safety reporting and substantial amendments, which are reviewed by a sub committee of the main REC. In England, approximately 7,000 amendments are submitted for REC review annually.

6. **Quality Assurance**

The HRA has a programme of work to ensure that its work is of a consistently high quality.

6.1 **Quality control** - NRES Operational Managers undertake 6-monthly Quality Control checks on their RECs against agreed standards; this includes an annual meeting observation of a REC meeting.

6.2 **REC accreditation programme** - The HRA has established a three year rolling accreditation programme in order to audit REC administrative procedures to agreed administrative standards. These are set out in HRA Standard Operating Procedures and Governance Arrangements for Research Ethics Committees (GAfREC). RECs are issued with an audit decision – full accreditation, accreditation with conditions (low risk non-compliance identified requiring an action plan) and provisional accreditation (high and low risk issues requiring an action plan).

6.3 **Shared ethical debate** - A process of ethical review of a single application undertaken by a number of RECs with the purpose of reviewing consistency in decision-making and issues raised at meetings, to encourage an ethical debate across committees and to review the current guidance related to the application and develop advice where appropriate. To look for trends in decision making and key ethical themes which can then be used to improve consistency and provide guidance and links to guidance for future review.

7. **Training**

The HRA delivers a comprehensive programme of training days each year for HRA committee members, staff and the research community, both locally and nationally. Most of the training is face to face, usually held at one of our HRA Offices. These cover topics relevant to the work of the HRA, and HRA collaborates with stakeholders when designing courses to promote sharing of expertise.
# Glossary of Terms

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<tr>
<th>Term</th>
<th>Explanation</th>
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<tr>
<td>ARSAC</td>
<td>Administration of Radioactive Substances Advisory Committee - Under the Medicines (Administration of Radioactive Substances) Regulations 1978 ('MARS'), administrations of radioactive medicinal products to humans must be conducted under certificates issued by the Health Ministers. For research studies involving administration of radioactive materials which are additional to normal care, nuclear medicine professionals at each site require a research certificate from the Administration of Radioactive Substances Advisory Committee (ARSAC).</td>
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<tr>
<td>Adult Social Care services</td>
<td>Social care services help people from all walks of life, as well as their families or carers. Someone may need support because of illness, disability, old age or poverty. Local authorities are responsible for providing social care services, some of which may come from independent providers.</td>
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<tr>
<td>Clinical Trial Authorisation (CTA)</td>
<td>According to the Clinical Trials Directive, CTIMPs in human subjects requires authorisation by the MHRA. This authorisation is granted in the form of a clinical trial authorisation (CTA).</td>
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<tr>
<td>CTIMP</td>
<td>Clinical Trial of an Investigational Medicinal Product</td>
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<td>Expert member</td>
<td>Members who provide methodological and ethical expertise about research in care settings and in relevant fields of care, as well as professional expertise as care practitioners. This expertise should be appropriate to the types of research proposal the REC reviews.</td>
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<tr>
<td>Gene Therapy</td>
<td>The use of DNA as a pharmaceutical agent to treat disease.</td>
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<tr>
<td>HRA</td>
<td>The Health Research Authority (HRA) is a newly formed NHS organisation established on 01 December 2011 as a Special Health Authority. The purpose of the HRA is to protect and promote the interests of patients and the public in health research.</td>
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<td>Human Tissue Act (2004)</td>
<td>The Human Tissue Act 2004 covers England, Wales and Northern Ireland and regulates the removal, storage and use of human tissue. This is defined as material that has come from a human body and consists of, or includes, human cells.</td>
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<tr>
<td>Ionising Radiation</td>
<td>Diagnostic X-rays, CT scans or DXA scans Radiotherapy (including brachytherapy and therapy using unsealed sources)</td>
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<td>Term</td>
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<tr>
<td>Radionuclide imaging</td>
<td>Radionuclide imaging (including diagnostic imaging and in vitro measurements).</td>
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<td>IRAS</td>
<td>Integrated Research Application System - A web based system used by researchers to prepare (and in some cases submit) applications for the various review bodies in order to carry out research in the NHS.</td>
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<td>Lay member</td>
<td>Members who are independent of care services, either as employees or in a non-executive role. Their primary professional interest is not care-related research.</td>
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<td>Lay plus member</td>
<td>Members who have never been care professionals, researchers in a care field, or chairs, members or directors of care service bodies or organisations providing care.</td>
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<tr>
<td>Mental Capacity Act (2005)</td>
<td>The Mental Capacity Act 2005 applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.</td>
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<td>MHRA</td>
<td>Medicines and Healthcare products Regulatory Agency - The Government agency responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe.</td>
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<td>NOMS</td>
<td>National Offender Management Service - Commission and provide offender services in the community and in custody in England and Wales.</td>
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<td>NHS Constitution</td>
<td>The Constitution sets out rights as an NHS patient. These rights cover how patients access health services, the quality of care they can expect to receive, the treatments and programmes available to them, confidentiality, information and the right to complain if things go wrong.</td>
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<tr>
<td>NHS permission</td>
<td>The formal agreement issued to a researcher to allow a specific research study to take place within an individual NHS organisation.</td>
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<td>No material ethical issues</td>
<td>Studies with no material ethical issues have minimal risk, burden or intrusion for research participants. These include anonymous tissue studies and non-sensitive questionnaire and interview studies.</td>
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<td>Proportionate Review</td>
<td>The aim of proportionate review is for studies which present minimal risk or burden for participants to be reviewed by a proportionate review sub-committee within 14 days of receipt of a valid application.</td>
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<td>Protocol</td>
<td>A detailed description of how the research study will be conducted.</td>
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<td>Term</td>
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<td>Research</td>
<td>The attempt to derive generalisable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them.</td>
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<td>REC</td>
<td>Research Ethics Committee - A committee appointed by the Health Research Authority whose role is to review applications for research in the NHS with a view to safeguarding the rights, safety, dignity and well-being of the people that will be participating in the research.</td>
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<tr>
<td>SSI</td>
<td>Site Specific Information - Information about a study that relates to the place in which it is being carried out rather than about the study in general. For example the names of the people that will be carrying out the work. For studies carried out in a number of different locations the Site Specific Information will be different at each of those places.</td>
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<tr>
<td>Valid application</td>
<td>An administrative check carried out by REC administrative staff to verify that an application is complete and may be accepted for review.</td>
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