The EFGCP Report on
The Procedure for the Ethical Review of Protocols
for Clinical Research Projects in Europe
(Update: April 2012)

United Kingdom

**Question 1:** What laws or regulations apply to an application for conducting a clinical trial in the United Kingdom?

- The Medicines for Human Use (Clinical Trials) Regulations 2004 (clinical trials of investigational medicinal products including Phase 1 trials and trials of advanced therapy medicinal products).
- The Medical Devices Regulations 2002 (clinical investigations of medical devices without a CE Mark, or CE Marked devices which have been modified or are to be used for a new purpose).
- Adults with Incapacity (Scotland) Act 2000 (any health research in Scotland involving adults lacking the capacity to consent for themselves).
- Human Tissue (Scotland) Act 2006 (health research in Scotland using tissue from the deceased).
- Mental Capacity Act 2005 (research in England and Wales, other than trials of medicines, involving adults lacking the capacity to consent for themselves).
- The Ionising Radiation (Medical Exposure) Regulations 2000 (any research in the UK involving exposure to ionising radiation).

**Question 2:** Which government, legal or authoritative body or bodies is or are responsible for the establishment and/or accreditation of (research) ethics committees for IMPs, and for their supervision and quality? Are there different (research) ethics committees reviewing other projects?

a) *Clinical trials of investigational medicinal products (CTIMPs)*

Ethics committees with the competence to review CTIMPs must be recognised by the United Kingdom Ethics Committee Authority (UKECA), which is a body established under the Medicines for Human Use (Clinical Trials) Regulations 2004.
When recognising an ethics committee, UKECA must specify:

- Whether it may act for the entire United Kingdom or only for a particular area of the UK.
- The description or class of clinical trial in relation to which it may act as an ethics committee.

There are two types of recognised committee in the UK:

**Type 1**  
*Recognised to review phase 1 trials in healthy volunteers for the whole of the UK.*

**Type 3**  
*Recognised to review trials in patients for the whole of the UK.*

The UK has one specialised research ethics committee, the Gene Therapy Advisory Committee (GTAC), which is responsible for review of trials of gene therapy and clinical trials of stem cell therapy involving ‘cells derived from stem cell lines’.

There are also two Ministry of Defence RECs (“MoDREC”) which review clinical trials and other research involving the British Armed Forces.

GTAC and MoDREC both have Type 1 and 3 recognition for review of clinical trials.

Except for MoDREC, all recognised RECs are part of the UK Health Departments’ Research Ethics Service (see (b)).

**b) Other research involving human subjects**

Research studies other than CTIMPs are reviewed by Research Ethics Committees (RECs) established under policy from the relevant Health Departments in each of the four UK countries. These RECs are known collectively as the UK Health Departments’ Research Ethics Service. (In this UK section of the Report, a ‘REC’ refers to a REC within this Service.)

The relevant departmental bodies are:

- Department of Health (England).
- Chief Scientist Office (Scotland).
- Welsh Office for Research and Development (Wales).
- R&D Division, Public Services Agency (Northern Ireland).

The departments are responsible for research ethics policy but, with certain exceptions, they do not directly establish, appoint or supervise RECs. This is the responsibility of appointing authorities in each country as follows:

- Health Research Authority (England).
- Health Boards (Scotland).
GTAC is established and appointed by the Department of Health.

The Social Care Research Ethics Committee is established and appointed by the Social Care Institute of Excellence.

The two Ministry of Defence Research Ethics Committees (MoDREC) are established and appointed by the Ministry of Defence.

Under arrangements agreed between the four UK Health Departments, the National Research Ethics Service (NRES) within the Health Research Authority in England is the administrative body responsible for providing advice, assistance and operational support to all UK RECs, including those recognised by UKECA. NRES provides support to RECs through a regional network of operational managers. It also administers a system of accreditation based on self-assessment and audit.

NRES also supports the Social Care REC (SCREC), which was established in 2009 to review non-clinical research with users of social care services. The SCREC is appointed by and is accountable to the Social Care Institute of Excellence, but has adopted the NRES SOPs and uses the Integrated Research Application System (IRAS).

RECs have generic expertise and may generally review all types of research except where not legally recognised to do so. The NRES operating system provides for a single ethical review of any research project, in line with the system for CTIMPs under the EU Directive. Generally speaking, a REC may give an ethical opinion that applies to the whole of the UK.

The one exception to this is research, other than CTIMPs, involving participants who are unable to consent for themselves and taking place both in Scotland and in England/Wales. In this case, separate reviews are required under the different legislation applying to such research in Scotland and in England/Wales respectively. The Adults with Incapacity (Scotland) Act 2000 requires such research to be reviewed by “the Ethics Committee” constituted under the Act. This Committee is currently Scotland Research Ethics Committee A. In England and Wales, the Mental Capacity Act 2005 requires approval of the research by a REC established in England or Wales.
**Question 3:** What is the process for achieving clinical trial authorisation from the competent authority in the United Kingdom?

The sponsor must apply for CTA to the Medicines and Healthcare products Regulatory Authority (MHRA), which is the Competent Authority for the whole of the UK.

**Question 4:** What is the process for obtaining ethical review of a clinical trial protocol by a competent (research) ethics committee in the United Kingdom?

The Chief Investigator must apply for ethics committee opinion to a recognised ethics committee, depending on the type of trial. Application must be made via the on-line Integrated Research Application System (IRAS) provided on behalf of all partner organisations by the Health Research Authority. IRAS captures all information a researcher needs to submit for the relevant permissions and approvals to enable the conduct of health and social care research:

https://www.myresearchproject.org.uk/Help/UsingIRAS.aspx

MoDREC has its own application procedures at present but consideration is being given to adopting IRAS. For all other RECs in the UK, application is made using IRAS.

**Question 5:** Is there a single organisation to which to apply for ethical review of a clinical trial for an investigational medicinal product, regardless of whether this is for a single site or multiple sites?

Yes. Application to only one REC is required, regardless of the number of sites.

**Question 6:** What is the website for the organisation that issues guidelines on the ethical review of a clinical trial for an investigational medicinal product?

Guidelines are available both within IRAS and on the websites of the Health Research Authority and National Research Ethics Service.

https://www.myresearchproject.org.uk/Help/UsingIRAS.aspx
http://www.hra.nhs.uk
http://www.nres.nhs.uk

**Question 7:** Is there a procedural interaction between the national or local competent authority and the (research) ethics committee during the approval process?

Not routinely. However, the ethics committee and the MHRA may share relevant information during the approval process or following approval under the terms of a
Memorandum of Understanding (MoU) between MHRA and NRES. The MoU is published at http://www.nres.nhs.uk/applications/guidance/clinicaltrials/?entryid62=66859

The MHRA Clinical Trials Unit has access to the Research Ethics Database (RED) used by all UK ethics committees and is automatically notified of all ethics committee opinions as soon as they are issued. Reasons for unfavourable opinions are also available to MHRA via RED for entry into EudraCT.

**Question 8:** Does the application to the REC and to the competent authority have to be submitted in parallel, or, if not, in which order?

The applications may be made either sequentially (in either order) or in parallel.

**Question 9:** How many (research) ethics committees are there in the United Kingdom?

In April 2012 there were 104 Research Ethics Committees in the UK (England 828, Scotland 11, Wales 8, and Northern Ireland 3).

Not all RECs are recognised to review CTIMPs and some RECs can be both Type 1 (recognised to review phase 1 trials in healthy volunteers for the whole of the UK) and Type 3 (recognised to review trials in patients for the whole of the UK).

Of the total of 104 RECs, there are:

- 27 Type 1 recognised committees.
- 62 Type 3 recognised committees.

In addition many universities also have research ethics committees for studies which do not involve patients (more details from the Association of Research Ethics Committees at http://www.arec.org.uk/). These RECs are not part of the UK Health Departments’ Research Ethics Service and are not included in the above figures.

**Question 10:** How are RECs funded in the United Kingdom? Do they charge fees? If yes, what is their scale of fees?

Funding is provided by the Health Departments in each of the four UK countries and channelled through the NHS in England, Scotland and Wales and the Health and Social Care service in Northern Ireland. No fees are charged.

**Question 11:** Who is responsible for submitting the request for ethical review to the competent (research) ethics committee for single-site and for multi-site clinical trials?

The Chief Investigator (i.e. co-ordinating investigator) for the trial submits the application for ethical review. This applies to both single- and multi-site trials.
Question 12: How is a “single opinion” achieved for multi-site studies?

A single application for ethical review is made to an appropriate REC by the Chief (or co-ordinating) Investigator (CI). This REC is known as the “main REC” for the study.

Each site and local Principal Investigator (PI) in a clinical trial requires a Site-Specific Assessment (SSA). The local Principal Investigator is required to submit a Site-Specific Information Form with their CV for review by an appropriate local assessor.

For sites within the NHS, arrangements the SSA is carried out by the local NHS R&D office for the care organisation, as part of standard R&D review, prior to giving local management permission for the research. A standard condition of any favourable opinion from the main REC is that permission must be given by the NHS R&D office before the site is initiated. There is no requirement for the outcome of the R&D review to be notified to the main REC or for the REC to confirm the favourable opinion for the site. The favourable opinion will be in place once permission is given by the R&D office. R&D review may take place in parallel with the ethical review by the main REC.

For sites outside the NHS, the SSA is undertaken by a local REC, which will advise the main REC for the trial within 25 days (or 14 days for a Phase 1 trial) whether there are any concerns about the suitability of the site or investigator. The main REC will then confirm that the favourable opinion is extended to the site. The SSA can take place in parallel with the main ethical review.

Question 13: How many members serve on a REC?

The theoretical range of members is 7 (quorum) to 18 (the maximum permitted under the Governance Arrangements for Research Ethics Committees (GAfREC) and the Medicines for Human Use (Clinical Trials) Regulations 2004). A Committee will normally have around 12-15 members. Members may have appointed deputies.

Question 14: How many members constitute a quorum?

Seven, including the Chairman or if unavailable the Vice-Chairman or alternate Vice-Chairman, one lay member and one expert member.

Question 15: How are REC members appointed?

The policy under GAfREC is that appointment should be by an open process. Vacancies are filled following public advertisement in the press, and/or local professional and other networks as appropriate to the vacancy to be filled. Vacancies for lay members would always be advertised publicly. Potential candidates are required to complete an application form and will be interviewed.

Responsibility for appointment of RECs lies with its appointing authority (see Question 2).
**Question 16: How is the independence of members ensured?**

Under GAfREC, appointed members are required to have published their name, profession and any affiliations and potential conflicts of interests. Appointing bodies take into account potential conflicts of interest in making appointments. Declared interests are published in the REC’s annual report. RECs are expressly independent in their ethical decision-making but accountable to their appointing authorities for compliance with governance arrangements (GAfREC) and standard operating procedures (SOPs).

**Question 17: How are conflicts of interest of REC members avoided?**

Members are expected to declare any material interests in applications to be reviewed at the commencement of each meeting of the committee on which they serve. These are recorded in the minutes. Guidance is given in the SOPs on appropriate management of declared interests. Where there is potentially a significant conflict of interest, the member is expected to take no part in the review process of that particular project. Where a member is named as the Chief Investigator or key collaborator on an application, it must be transferred to another REC.

**Question 18: What backgrounds and/or qualifications of members are actively sought?**

Particular expertises sought include the following:

- Relevant methodological and ethical expertise in clinical, non-clinical, qualitative and other research methodologies in the health and social sciences fields.
- Clinical practice, including both hospital staff and primary/community care practitioners.
- Statistics related to research.
- Pharmacy.

For lay members, no particular background is targeted. The main considerations are personal interest in issues of medical research ethics and patient care, and willingness to make the necessary commitment. All RECs have members drawn from patients and the public. The Health Research Authority works in partnership with INVOLVE (a body which promotes public involvement in NHS, public health and social care research) to diversify membership of RECs.

**Question 19: How do RECs obtain specialist expertise?**

Mainly by actively recruiting members with the necessary range of professional expertise. Exceptionally, written advice may be sought from specialist referees or an expert member may be specially co-opted from another committee. In particular, the Clinical Trials Regulations require that specialist advice is obtained on the ethical issues related to the participation of minors or adults with incapacity in clinical trials, if the committee does not have a member with the relevant expertise.
RECs may also consult specialist regulators if appropriate, for example on safety issues in regulated trials. NRES has Memorandums of Understanding in place with other regulatory bodies, including the MHRA (for both medicines and devices trials), the Human Tissue Authority and the Administration of Radioactive Substances Advisory Committee. Under these agreements, RECs can obtain advice within 48 hours where required.

**Question 20:** What are the training requirements for members of RECs?

An educational mentor is appointed for all new committee members to help identify their training needs and appropriate training is arranged and provided. For new members, an induction pack is provided and the member is expected to attend an introductory course in research ethics, ideally within the first three months and certainly within a year of appointment. Following induction, existing members are expected to arrange the equivalent of at least one day’s training or self-directed learning each year, either through courses, workshops or e-learning.

**Question 21:** What training programmes are available for REC members in the United Kingdom?

Training is a key priority for NRES and is fundamental to the delivery of the business plan. The Health Research Authority delivers a comprehensive training programme to NRES and the wider research community. This includes training events for new and existing REC members and staff, NRES staff and those carrying out research. The training is held at both regional and national level. The programme includes induction training, training for Chairs and workshops addressing particular ethical issues and types of research (including a training day on CTIMPs).


**Question 22:** What are the timelines for the assessment of single- and multi-site studies?

For most studies, ethical review must be completed within 60 days of receipt of a valid application. This applies both to single- and multi-site studies. The clock may stop once to request further information or clarification from the applicant.

A 90 day timeline applies to clinical trials of medicinal products for gene therapy, somatic cell therapy or containing a genetically modified organism or a tissue engineered product. Where a specialist group or committee is consulted on such a trial, the timeline may be extended to 180 days.

The operational aim of NRES is for RECs normally to give a final decision within 40 days where an application is reviewed at a full Committee meeting, or 14 days if reviewed by a sub-committee under procedures for Proportionate Review (see question 41).
**Question 23:** How are substantial amendments submitted during the review process dealt with?

Substantial amendments are notified to the REC using the Notice of Substantial Amendment form within the Integrated Research Application System. The main REC has 35 days from receipt of a valid notice of amendment to give an opinion. Amendments may be reviewed either at a meeting of the full Committee with at least 7 members, or more normally by a sub-committee either at a face-to-face or telephone meeting or in correspondence. Review in sub-committee must include the Chair or a vice-chair together with at least one other member. Reviews by telephone meeting or in correspondence are minuted in the same way as face-to-face meetings.

Where an unfavourable opinion is given on a substantial amendment, the Regulations allow the sponsor to submit a modified amendment. The ethics committee has 14 days to give an opinion on a modified amendment. If the opinion remains unfavourable, there is no formal appeal mechanism but a further modified amendment may be submitted.

**Question 24:** How does a REC assess the suitability of investigators and of sites?

The research ethics committee reviews the suitability of the Chief Investigator (CI) or co-ordinating investigator. The CI is required to submit his/her curriculum vitae and is invited to attend the ethics committee meeting to answer questions about the study.

Each site and local Principal Investigator (PI) in a clinical trial requires a Site-Specific Assessment (SSA). The local Principal Investigator is required to submit a Site-Specific Information Form with their CV for review by an appropriate local assessor.

For sites within the NHS, from 1 April 2009 the SSA has been carried out by the local NHS R&D office for the care organisation prior to giving management permission for the research to be conducted. A standard condition of any favourable opinion from the main REC is that permission must be given by the NHS R&D office before the site is initiated.

For sites outside the NHS, the SSA is undertaken by a local REC, which will advise the main REC for the trial whether there are any concerns about the suitability of the site or investigator. The main REC will then confirm that the favourable opinion is extended to the site.

In addition the MHRA operate a voluntary scheme for the accreditation of Phase 1 trial sites:

Question 25: How are the requirements for (research) ethics committees to review the contractual or financial arrangements in clinical trials for both investigators and hospitals handled?

Under the Research Governance Framework for Health and Social Care the responsibility for reviewing these arrangements lies with the R&D office at each host organisation.

Question 26: How are the requirements for (research) ethics committees to review the compensation arrangements for study subjects handled?

The REC application form asks the Chief Investigator to provide details of what arrangements have been made to provide indemnity or insurance to cover the potential liability of the sponsor or investigator. It also seeks details about any arrangements to provide compensation to subjects for harm where liability does not arise (“no fault compensation”).

Commercial sponsors, and other sponsors outside the NHS such as universities or charities, must provide a copy of the certificate as evidence that the insurance cover declared in the application form is in place. The certificate is normally provided at the time of application. Exceptionally, the certificate may be provided following ethical review as a condition of the favourable opinion where the cover has not yet commenced. It must be provided prior to the start of the trial.

Question 27: Is there an ongoing quality assurance process (e.g. audits, inspections, internal SOP) for (research) ethics committees in the United Kingdom?

Yes. NRES operates a quality assurance programme for all RECs in the UK.

An audit and accreditation system has been developed and has been implemented for all REC offices. The system includes self assessment by the REC office followed by an independent audit of compliance with the NRES SOPs undertaken by the NRES Quality Assurance Department, leading to accreditation of the REC if the standards are met. Audit and accreditation is repeated at 3 yearly intervals.

In addition, the NRES Quality Assurance programme includes other methods of QA including:

- Quality control checks carried out by operational managers every 6 months.
- Routine review of appeals and complaints.
- “Shared ethical debate” - dummy review exercises involving review of the same protocol by a number of RECs and comparison of issues raised.
- Feedback from applicants through a standard feedback form.

In addition the NRES QA department has itself undergone external accreditation and obtained certification under ISO 9000.
**Question 28: Is there an appeal mechanism?**

Yes. The Medicines for Human Use (Clinical Trials) Regulations provide for appeal against an unfavourable opinion to another recognised ethics committee. Notice of appeal must be given within 90 days. NRES arranges for the application documentation to be transferred, without amendment, to the second committee with any representations made by the applicant. The second committee carries out the review under the same SOPs, i.e. within 60 days allowing for the clock to stop once to request further information.

The applicant also has the option of submitting a new application in the normal way, taking account of the reasons given for the unfavourable opinion. This second application could be made to the same ethics committee or to another committee.

More details on the appeals mechanism from:
http://www.nres.nhs.uk/applications/resubmission-and-appeals/

**Question 29: How do RECs deal with SUSAR reports and Annual Safety Reports?**

Individual expedited reports of SUSARs occurring in medicinal trials in the UK are acknowledged and filed. The committee is not expected to carry out any sort of review.

Sponsors of medicinal trials are also required to submit an annual safety report with a global line listing and a safety assessment. This must be in the ICH E2F format for Development Safety Update Reports. The Executive Summary of the DSUR is reviewed by the Chair and by a member with appropriate expertise (for example, a clinical pharmacologist, pharmacist or specialist in the disease field). Receipt of the report is notified in writing to the committee and may be placed on a meeting agenda for discussion if there appear to be any concern about safety or a need to update the participant information sheet.

**Question 30: How are ‘substantial amendments’ defined?**

The Medicines for Human Use (Clinical Trials) Regulations define a substantial amendment as an amendment to the clinical trial authorisation which is likely to affect to a significant degree:

- the safety or physical or mental integrity of the subjects of the trial,
- the scientific value of the trial,
- the conduct or management of the trial, or
- the quality or safety of any investigational medicinal product used in the trial.

The Regulations define a substantial amendment in relation to the CTA rather than the terms of the REC application or the protocol. However, they provide that where the sponsor proposes to make a substantial amendment to a CTA which consists of, or includes, an amendment to the terms of the REC application or the supporting
documentation, the amendment may be made only if the REC has given a favourable opinion.

It is the responsibility of the sponsor to decide whether or not an amendment is substantial in a particular trial. However, NRES has issued guidance that the REC system would normally consider the following changes to be substantial:

- Changes to the design or methodology of the study, or to background information affecting its scientific value.
- Changes to the procedures undertaken by participants.
- Changes likely to have a significant impact on the safety or physical or mental integrity of participants, or to the risk/benefit assessment for the trial.
- Significant changes to study documentation such as participant information sheets, consent forms, questionnaires, letters of invitation, letters to GPs or other clinicians, information sheets for relatives or carers.
- A change to the payments, benefits or incentives to be received by participants or researchers in connection with taking part in the study, or any other change giving rise to a possible conflict of interest on the part of any investigator/collaborator.
- A change of sponsor(s) or sponsor’s legal representative.
- Appointment of a new Chief Investigator or key collaborator, or temporary arrangements to cover the absence of a CI.
- A change to the insurance or indemnity arrangements for the trial.
- Temporary halt of a study to protect participants from harm, and the planned restart of a study following a temporary halt.
- Inclusion of a new trial site (not listed in the original application).
- Appointment of a new Principal Investigator at a research site.
- Early closure or withdrawal of a site (but not routine site closures at the end of a study).
- A change to the definition of the end of the trial.
- Any other significant change to the protocol or the terms of the REC application.

**Question 31: What are the indemnity insurance requirements for research projects?**

The committee must be provided with evidence that insurance or indemnity arrangements are in place to meet the potential liabilities of the sponsor and investigator. It is the responsibility of the sponsor to arrange insurance or indemnity cover.

For all research activity within the NHS, whether sponsored by NHS or non-NHS bodies, liability for negligent harm on the part of NHS staff lies with the NHS or honorary NHS employer. HSG(96)48 sets out Department of Health policy on NHS indemnity for handling clinical negligence claims, including those arising from research.
For clinical trials sponsored by pharmaceutical companies, the sponsor or legal representative is expected to confirm that they will abide by the Clinical Trial Compensation Guidelines agreed between the Department of Health and the Association of the British Pharmaceutical Industry. This provides for payment of compensation where a participant suffers non-negligent harm as a result of taking part in the trial. More details from http://www.abpi.org.uk/category.asp?Category=4.

A joint pharmaceutical/insurance industry task force led by the Bio-Industry Association is developing new guidelines on insurance in Phase 1 clinical trials. These guidelines are expected to be published during 2012 and will include recommended minimum levels of indemnity. http://www.abpi.org.uk/

**Question 32: What are the indemnity insurance requirements for (research) ethics committee members themselves?**

The appointing authority of the (research) ethics committee itself provides indemnity cover for ethics committee members.

**Question 33: How is informed consent obtained from vulnerable subjects who are potentially to be involved in a clinical trial?**

For medicinal trials, where the subject is unable to give informed consent due to physical or mental incapacity, the Clinical Trials Regulations make provision for consent to be given by a personal or professional legal representative, subject to a number of detailed criteria.

In the case of a minor under 16, consent must be given by a person with parental responsibility or, if no such person is available, by the subject’s usual doctor or another nominated legal representative.

**Question 34: How do RECs assess the progress and outcome of research projects that they have approved?**

The Chief Investigator is expected to provide annual progress reports and a summary final report on the outcome of the research, including information about publication and dissemination of the results. These are reviewed by the Chair and/or by another committee member. The committee will be notified of the receipt of the report and may discuss any issues arising.

**Question 35: How does the REC ensure reception of the Annual Safety Report and the Summary of the Final Report of a research project that it has approved?**

It is the responsibility of the sponsor to ensure that the ASR/DSUR is submitted. If it comes to light that the sponsor has failed to submit the report, the REC Co-ordinator will report the matter to the committee and will issue a reminder to the sponsor. The MHRA inspectors may also be notified.
REC Co-ordinators will also issue reminders if annual progress reports are not submitted.

The REC Co-ordinator will issue a reminder letter 12 months after the declaration of the end of the trial if the summary final report has not been received.

**Question 36: Do national regulations in the United Kingdom allow research on healthy volunteer children (subjects under 16)?**

For the purposes of clinical trials of investigational medicinal products, a minor is defined as a person aged under 16.

The conditions and principles of GCP in relation to minors are set out in Part 4 of Schedule 1 to the Medicines for Human Use (Clinical Trials) Regulations 2004. These include the following provisions derived from the Clinical Trials Directive:

9. The clinical trial relates directly to a clinical condition from which the minor suffers or is of such a nature that it can only be carried out in minors.

10. Some direct benefit for the group of patients involved in the clinical trial is to be obtained from that trial.

The implication of these provisions is that minors cannot be recruited as healthy volunteers into Phase 1 clinical trials if there is no expected therapeutic benefit to the subject. Minors should normally only be recruited into trials where they suffer from the condition which the investigational medicinal product is intended to treat.

There are no legal restrictions on inclusion of minors in other types of research.

**Question 37: Do national regulations in the United Kingdom allow payment, (other than expenses), to children taking part in research?**

Not in the case of clinical trials of medicines. Part 4 of Schedule 1 to the Regulations includes the following provision:

11. No financial inducements are given:

   (a) to the minor
   (b) to a person with parental responsibility for that minor or, as the case may be, the minor’s legal representative

   except provision for compensation in the event of injury.
**Question 38: Do RECs invite or allow a) applicants or b) observers to attend committee meetings?**

a) Yes, the Chief Investigator is invited to attend the meeting at which his/her application is to be reviewed. It is however not compulsory for the Chief Investigator to attend, and consideration of the application is not prejudiced if he/she is unable or unwilling to attend. More information can be found at: [http://www.nres.nhs.uk/applications/attending-a-rec-meeting/](http://www.nres.nhs.uk/applications/attending-a-rec-meeting/)

Other members of the research team or representatives of the sponsor are also welcome to attend.

b) Yes, external observers may be invited to attend Committee meetings, subject to written invitation setting out the terms under which observer status is permitted, the signature of a confidentiality agreement, and the agreement of the Committee at the meeting to be attended.

Meetings, or parts of meetings, may also be attended from time to time by representatives of appointing authorities, REC operational managers, auditors, and other senior staff from NRES Head Office in accordance with governance arrangements for RECs ("official observers").

If any observer is present, the Chair verbally informs any investigator who attends the meeting. The investigator is given the opportunity to object to the presence of the observer. If there is an objection, the observer will be asked to leave the meeting room for that item.

**Question 39: Are the minutes of (research) ethics committee meetings made public?**

No, the full minutes of meetings are not placed in the public domain. Subject to the provisions of the Freedom of Information Acts, the minutes are treated as confidential to the REC and not routinely disclosed to applicants, sponsors or care organisations.

However, the opinion of the REC on each application for ethical review is published in the REC’s annual report and on the NRES website.

In the future NRES plans to publish a full summary of the REC’s opinion on the website.

**Question 40: Is there any scope for Chairman’s actions in between meetings?**

Yes. The REC may delegate authority to the Chair to issue the opinion of the Committee following receipt of further information or clarification from the applicant.

The REC or a sub-committee may also delegate authority to the Chair to give a favourable opinion of a modified amendment, which addresses issues raised by the REC when giving an unfavourable opinion on a substantial amendment.
The Chair may review progress reports, safety reports and end of trial declarations outside meetings.

Responsibilities delegated to the Chair may also be carried out by the vice-chair or alternate vice-chair where the Chair is not available.

**Question 41:** Do (research) ethics committees ever appoint subcommittees for any specific purpose?

Yes. The Clinical Trials Regulations provide for the exercise of any of the REC’s functions by a sub-committee consisting of members of the Committee.

Section 6 of the NRES SOPs sets out the functions which may be undertaken by sub-committees. In summary these are:

- Review of new applications for certain types of non-interventional study not raising significant ethical issues, e.g. limited to use of data, stored tissue samples or questionnaires/interviews. A final decision on the application is given by sub-committee within 14 days. (“Proportionate Review”);
- Where the full Committee has given a provisional opinion on a new application, considering further information provided by applicants and advice from referees, and confirming the final opinion;
- Reviewing amendments and modified amendments;
- Monitoring the safety and progress of research with a favourable opinion;
- Site-specific assessments for non-NHS sites.

**Question 42:** Is there a national policy on the registration of clinical trials before they start?

The UK Health Departments strongly encourage all sponsors of clinical research to register studies on publicly available databases.

**Question 43:** If the answer to Question 42 is ‘yes’, do (research) ethics committees have any role to play in reviewing such registration?

The standard REC application form includes information about plans to register the study. The ethics committees may draw the attention of the sponsor to the importance of registration but this does not form part of the ethical review and would not be a reason for giving an unfavourable opinion.

**Question 44:** If the answer to Question 42 is ‘yes’, is this register of clinical trials made available to the public?

In the case of clinical trials, with the launch of Version 8 of the EudraCT database in February 2011, all trials are now registered in the publicly accessible area of EudraCT.
In addition, sponsors may register trials on publicly available databases such as ClinicalTrials.gov and ISRCTN.

In addition, the Health Research Authority publishes a summary of the trial on its website, together with the outcome of the ethical review.

**Question 45:** With regard to Clinical Trial Insurance, do research ethics committees in the United Kingdom work to a set template of requirements?

No.

**Question 46:** If the answer to Q45 is ‘yes’, how are these requirements
a) Decided upon?
   b) Cross referenced to statutory requirements?
   c) Updated?

N/A

*EFGCP April 2012*