

Streamlining scientific and ethics review of  
multi-centre health and medical research in  
Australia.

**Report to the NHMRC – July 2007**

**By Mr Kevin Pittman, Management Effect**

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## **1. *The need and background***

The purpose of this paper is to set out the steps, and the rationale for those steps, that need to be taken to establish a national systems of Human Research Ethics Committees (HRECs) for once-only ethical and scientific evaluation of human research proposals that span multiple States and Territories.

The background to this review was a sense of timeliness and consensus amongst members of the Australian Health Ministers Advisory Council (AHMAC) that such a system had become necessary. So, there is general goodwill on the part of jurisdictions.

Universities and their researchers, conscious of the plethora of forms, processes and committees to whom complex research proposals must currently go are also generally sympathetic to and supportive of this initiative.

The pharmaceutical industry is wholeheartedly in support.

A change to improve the process of approval for multi-centre research is critical, with Australia lagging behind other developed economies. In the UK, for example, multi-centre research ethics committees were formally established in 1997.

In late 2006, the Australian Health Ministers Advisory Council (AHMAC) recognised that research spanning more than one jurisdiction faced particular problems and authorised the National Health & Medical Research Council (NHMRC) to investigate and implement a national system. This plan is the outcome of that resolution.

Nevertheless, in implementing and executing this plan, it will be necessary from the outset to maintain the process of consultation begun in preparing the plan and to continue to remind stakeholders that a positive outcome will offer benefits that far outweigh any short-term compromises.

## **2. *Where we want to be: the overall plan***

The proposed system, endorsed by AHMAC and other stakeholders, is to create a national system of HRECs capable of providing once-only ethical and scientific review for proposed multi-jurisdictional research.

The major components are:

- A number of HRECs from all jurisdictions, capable of providing high quality, once-only, ethical and scientific review and approval for multi-jurisdictional research.
- A known and transparent system of review and recognition of those HRECs that provides continuing evidence of their capability.
- Access to appropriate scientific advice and review for all HRECs when considering applications.
- A known Standard Operating Procedure followed by all participating HRECs.
- Recognition and implementation by institutions who use the national HRECs of policies and structures that separate research governance from research ethics review.
- A comprehensive and effective system of insurance and indemnity for each of the national HRECs and for each institution relying on review by a national HREC.
- A transparent and equitable system of allocating review work to national HRECs.
- An adequate and fair means of financing the system including a schedule of fees for use of a national HREC.
- An electronic application and application tracking and management system, providing certainty to HRECs and applicants on where applications are, the stage they are at and the time schedule for consideration.
- A clear allocation of responsibilities for monitoring the conduct of research approved by a national HREC.
- A known procedure of appeal.
- A continuing process of consultation with all stakeholders to promote awareness of and improvement to the system.

These items all need to be dealt with within a reasonable timeframe. A very high level timeframe is set out in Section 5.

Each of these items is also dealt with in more detail within the paper as per the following table.

<i>Refer to Section</i>	<i>Section</i>	<i>Issues</i>
4(a)	A number of HRECs from all jurisdictions, capable of providing high quality, once-only, ethical and scientific review and approval for multi-jurisdictional research.	How should HRECs be chosen?  How many HRECs should there be?  Should HRECs be specialist or more generalist?
4(b)	A known and transparent system of review and recognition of those HRECs that provides continuing evidence of their capability.	What form should “review and recognition” take?  What process should be followed?  Who should review HRECs?  What about other HRECs?
4(c)	Access to appropriate scientific advice and review for all HRECs when considering applications.	How can we ensure all HRECs have appropriate access to scientific expertise?  Virtual committees?  Specialist or generalist?
4(d)	A known Standard Operating Procedure followed by all participating HRECs.	Writing or choosing a SOP?
4(e)	Recognition and implementation by institutions who use the national HRECs of policies and structures that separate research governance from research ethics review.	Separating ethics from research governance  Site specific assessment  Standardised forms for research governance  Standards and tools for continued research governance.
4(f)	A comprehensive and effective system of insurance and indemnity for each of the national HRECs and for each institution relying on review by a national HREC.	Insurance for research generally  Indemnifying HRECs when they consider national proposals

<i>Refer to Section</i>	<i>Section</i>	<i>Issues</i>
4(g)	A transparent and equitable system of allocating review work to national HRECs.	How should work be allocated to HRECs?  Should there be timelines for consideration by a HREC once a proposal is allocated to them?
4(h)	An adequate and fair means of financing the system including a schedule of fees for use of a national HREC.	Should fees be paid to HRECs or a central pool?  How should fees for applicants be set?  Avoiding discouraging researcher-initiated non-commercial research  Monitoring the effects of possible change of income levels to HRECs  Should institutions charge site assessment fees?
4(i)	An electronic application and application tracking and management system, providing certainty to HRECs and applicants on where applications are, the stage they are at and the time schedule for consideration.	What IT system should be used?  What forms should be used?  How should the system and forms be chosen or designed?
4(j)	A clear allocation of responsibilities for monitoring the conduct of research approved by a national HREC.	Avoiding overloading HRECs with SUSARs and other material.  Requirements for institutions participating in research
4(k)	A known procedure of appeal.	What would be a fair and reasonable appeals system?
4(l)	A continuing process of consultation with all stakeholders to promote awareness of and improvement to the system.	Encouraging stakeholder buy-in.
5.	Getting there	Setting up an implementation team  A high level timetable to start on 1/1/2009

<i>Refer to Section</i>	<i>Section</i>	<i>Issues</i>
6.	Staying there	Continuing consultation with and engagement of stakeholders.  Regular review to ensure the system stays on track and keeps meeting the needs of all stakeholders

The term “harmonised system” was used as a descriptor in earlier issue papers and the term is deliberate. The intent is to build on the very considerable existing strengths of many HRECs in Australia while taking positive steps to harmonise their practices and procedures in line with best practice and to ensure that researchers and other stakeholders are confident of how the system will work.

It is important to stress that the system will not be for all research proposals – only those spanning more than one site **AND** more than one jurisdiction. That does not preclude eventual development of a comprehensive system. Nor does any part of this plan preclude such a development. However, such a system is well beyond the scope of this plan.

What is proposed is an effective three tier structure for research approvals:

Single site	Approval from institutional HREC as usual
Multi-site, single jurisdiction	NSW has now established a once only approval process for multi-site research. Victoria is well advanced toward such a system. Queensland is in the process of analysing the outcomes of a trial. Some of the smaller States and Territories effectively have once only approvals since their existing HRECs are all multi-institutional. Other States are considering such systems.
Multi-site and multiple jurisdictions	The proposed system

A likely final outcome from the implementation of this plan is the improvement of the performance of all HRECs. For example, development of a basic SOP for the HRECs that do participate and the implementation of a system of peer review are likely to inform the practice of many other HRECs, effectively ensuring that they too begin to adopt and follow best practice.

This system is proposed primarily to ease and simplify the current onerous and inefficient system for review of multi-jurisdictional research proposals.

However, if the system succeeds, there may well be an increase in research conducted in Australia.

Bringing all HRECs up to best practice and developing a broader pool of expertise in evaluation of complex research proposals will better equip Australia to manage such an increase.

### **3. *Where we are at the moment***

While health research is enormously valuable for Australia and for its citizens, both the National Statement<sup>1</sup> and the Helsinki Declaration<sup>2</sup> demand high quality, independent review of the ethics of all such research.

In Australia, the current system of institution-based HRECs (Human Research Ethics Committees) has generally served Australia well in fulfilling this independent ethical and scientific review function. However, that system has not been efficient or effective for multi-centre research.

Multi-centre research in Australia currently requires individual submission to the institutional HREC of each of the proposed investigative centres. The timeliness, informational requirements and processes of these committees varies across Australian states and territories with differences in outcomes and decisions. Schedules for meetings vary from one month to two months, with little flexibility to accept proposals if agenda are full.

The more institutions involved, the greater the degree of difficulty in obtaining research approval in a timely, effective and efficient way.

The situation is further exacerbated by some scarcity of the appropriate skills for assessing more complex research proposals, particularly early phase clinical trials.

These delays do nothing to improve the calibre of research and participant safety. They simply militate against conduct of multi-centre research.

Consequently a number of jurisdictions have moved or begun moving to establish HRECs able to provide appropriate ethical and scientific review on behalf of all participating institutions *within* their jurisdiction while maintaining the current high standards of institutionally-based ethical assessment. In particular, NSW has implemented such a system, Victoria are in process of doing so and Queensland is analysing the outcomes of a trial of multi-centre ethical review. Some smaller jurisdictions such as Tasmania and the Northern Territory already effectively have single review processes and mutual recognition since their small numbers of committees are all multi-institutional.

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<sup>1</sup> National Statement on Ethical Conduct in Human Research, NHMRC, ARC, AV-CC, 2007

<sup>2</sup> Declaration Of Helsinki, Ethical Principles for Medical Research Involving Human Subjects, World Medical Association, 2004

## **4. Getting from here to there**

- 4(a) A number of HRECs from all jurisdictions, capable of providing high quality, once-only, ethical and scientific review and approval for multi-jurisdictional research.**

### **Identifying HRECs**

It is clear from discussion with all stakeholders that the capacity exists to establish a national system of “lead HRECs” who would have the capacity to review multi-jurisdictional research proposals.

All jurisdictions have a number of HRECs. Many of these existing HRECs, particularly in capital cities with access to universities and leading health institutions, have high calibre and well-recognised ethical and scientific review members and relevant experience in assessment of clinical trials and other research proposals.

But not all HRECs are of the same standard. For example, specialist hospitals may have excellent HRECs within a defined specialisation but not have the broader skills that would be considered necessary to effectively assess multi-jurisdictional research proposals. Aspects such as the length and breadth of experience of HRECs are often central to their reputation and, hence, the ready acceptance of their views by other institutions.

Apart from caution about the varying skills of existing HRECs, a note of caution was also constantly raised about how busy these existing HRECs are.

In terms of implementation of a national system, a constant issue is that potential workload is an unknown quantity. Some estimates of likely workload were attempted but finally ignored because they are based on inadequate data.

Sufficient to say that it seems clear that there are too few HRECs to deal easily with existing volumes of work, especially in proposed clinical trials. This is especially so not only in terms of the ethical evaluation but, more especially, in terms of the scientific evaluation. One reason for this workload is, of course, the current duplication of ethical and scientific review.

To that extent, this new system is not going to add to the *overall* burden of work on all HRECs although it might conceivably add, in the short term, to the workload of HRECs that are part of the proposed plan. Primarily, there is going to be some degree of rationalisation of workload amongst HRECs Australia-wide.

An existing HREC, especially one dealing with clinical studies, will often currently be dealing with the same issue as other similar HRECs in several other States. Eliminating that duplication of work will free up some capacity. If that elimination of duplication also extends to scientific evaluation, which it should, the outcome will be positive.

Given that caution about the varying standards and skills of existing HRECs and their varying workloads, who should identify the proposed lead HRECs or how should they be identified?

The Health Departments in each jurisdiction are likely to approach this matter differently as shown below.

Victoria	Has developed a model of 4 committees serviced by a central secretariat to consider intra-jurisdictional multi-centre research proposals, all of which could consider cross-jurisdictional clinical trials as well as more general proposals.
New South Wales	Has implemented a system of mutual recognition amongst HRECs in health institutions across the NSW Health system to consider intra-jurisdictional multi-centre research proposals. A number of these HRECs, especially in large urban centres with good access to ethical, research and scientific expertise would be well placed to consider cross-jurisdictional clinical trials as well as more general research proposals.
Queensland	Is currently reviewing the outcomes of a trial of mutual recognition amongst health institutions in the Queensland Health system. A number of Queensland HRECs have good access to ethical, research and scientific expertise and would be well placed to consider cross-jurisdictional clinical trials as well as more general research proposals.
Northern Territory	The Territory already has practical mutual recognition in place because its two HRECs both comprise a number of health and educational/research institutions. Neither committee has experience in evaluation of clinical trials proposals but could review public health and data-based research proposals.
Western Australia	Has no formal (though there is an informal) system of mutual recognition to consider intra-jurisdictional multi-centre research proposals. However, it does have a number of HRECs with good access to ethical, research and scientific expertise that would be well placed to consider cross-jurisdictional clinical trials as well as more general research proposals.
South Australia	Has no current system of mutual recognition to consider intra-jurisdictional multi-centre research proposals. However, it does have a number of HRECs with good access to ethical, research and scientific expertise that would be well placed to consider cross-jurisdictional clinical trials as well as more general research proposals.
Tasmania	Tasmania already has practical mutual recognition in place because its two HRECs both comprise a number of health and educational/research institutions. Neither committee has experience in evaluation of clinical trials proposals but could well review public health and data-based research proposals.
Australian Capital Territory	The ACT has only one primary HREC which has no experience in evaluating clinical trials. It would be capable of considering public health and data-based research proposals and has major expertise in human movement research.

Federal	No discussions were held with the Federal Government who do however have access to several specialist committees.
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It seems clear that all jurisdictions have “lead HREC” capacity within their jurisdiction.

One possibility considered was to simply ask all jurisdictions and, in particular, their Health Departments to nominate HRECs. In the end, this approach was abandoned simply because it limits equity of access and participation for the many very high quality HRECs who are outside the hospital sector, i.e. universities.

On balance, the best approach would be to allow and encourage all institutions in Australia who have HRECs to nominate themselves against a set of established criteria with nominations assessed by a panel of recognised experts in scientific and ethical evaluation. These experts will need to be seen as credible judges of the claimed quality of expertise available to HRECs and of the quality of operation.

Jurisdictions may still wish to “filter” nominations from their own health systems and this should be left as an option.

### **How many HRECs?**

In determining how many committees are likely to be needed there are several factors to consider:

The first factor is that a majority of stakeholders were strongly of the view that the single factor most likely to predicate the quality of a HREC’s deliberations is the regularity and frequency of meetings. To that extent, a smaller number of committees would ensure that each had adequate workload to keep them functioning well.

However, a second factor is that it is unlikely that there will be new HRECs to deal with multi-jurisdictional proposals. Instead, they will be already hard-worked existing committees. To that extent, there is a need to carefully share out the work so as not to impose an undue burden on individual HRECs.

The third factor is the workload that is to be shared out. There is major uncertainty surrounding the quantum of work that falls into the category of multi-jurisdictional research.

The difficulty is that there is little reliable data to use to assess the dimensions or interaction of these three factors. Consequently, the general view was that there should not be a limit placed on the number of participating HRECs.

All Health/Human Services Departments should be invited to nominate or have their hospital-based HRECs nominate for the system while other institutions, such as universities, should also be invited to apply. All applications should be on the basis of published criteria.

The Secretariat and NHMRC is asked elsewhere to carefully monitor workloads. That may mean, if the rationalisation of workload is very significant, that the system may find it has more national HRECs than needed. That issue can be addressed if and when it occurs.

## Specialist vs. generalist

Each HREC should also identify, as part of their nomination, the broad types of research they are qualified to assess. Development of those broad categories should be done prior to invitation to participate but will at least comprise:

- Complex clinical trials
- Other, less complex clinical trials
- Data linkage projects
- E-Health initiatives
- Cancer trials<sup>3</sup>

### **4(a) Recommendations**

- 4(a).1 *All research institutions should be invited to consider nominating themselves and their HRECs as participants and applying on the basis of published criteria.*
- 4(a).2 *There should not be any limit placed on the number of HRECs nominating themselves.*
- 4(a).3 *Nomination by a HREC should include identification of the capabilities/specialisations of the HREC.*

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- 4(b) ***A known and transparent system of review and recognition of those HRECs that provides continuing evidence of their capability.***

### **Review and recognition**

All stakeholders were agreed that some form of “accreditation” of lead HRECs was necessary. All stakeholders without exception spoke of the need for confidence in the deliberations, membership and quality of both scientific and ethical evaluations.

The word accreditation is somewhat loose. When pressed on their understanding of the term, stakeholders’ responses ranged from formal ACHS-type accreditations (a very small number of people) to a less structured but still formal process of peer review and objective analysis.

There is a similar range of models overseas but with most emphasising education and peer review.

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<sup>3</sup> The sheer volume of cancer research proposals in Australia makes it attractive to have specialist HRECs assess these proposals. E-Health initiatives are similarly an area where the same kinds of issues keep recurring and building expertise in assessment of this particular type of initiative may be valuable given the probable rate of implementation of such trials over the next 5 years.

In the US, the Department of Health & Human Services and other stakeholders have chosen a “.. voluntary, peer-driven, educationally focused accreditation program ...” from the Association for the Accreditation of Human Research Protection Programs.

New Zealand currently has nothing analogous to the kind of approach most stakeholders want – simply a system based on application and reporting with no site visits.

In the UK, the Warner Review essentially recommended that RECs be the subject of “quality assurance” through peer review, training and sharing of good practice. The more recent establishment of the UK National Research Ethics Service includes a proposal to build on the existing system of self-assessment and accreditation.

In India, the Strategic Initiative for Developing Capacity in Ethical Review is predominantly focused on training workshops for Ethics Committees but with some expected accreditation process at the end based on education and review.

The relative strengths and weaknesses of various accreditation programs for ethics committees can be fairly summarised that less formalised accreditation frameworks provide greater flexibility and a desirable emphasis on continuous improvement through education and training but have problems in ensuring universality while more formal frameworks offer universality at the risk of becoming more mechanistic.

The proposed system tries to find some middle ground.

Peer review is a well-understood and well-accepted mechanism in research. Peer review is a key mechanism for selecting research for funding, for keeping complex and often lengthy projects on track and, finally, in deciding what completed research will be published.

That level of acceptance of the idea of peer review can valuably be extrapolated out to form the basis for a regime of review and recognition.

There is substantial value in peer-based, skills and knowledge focused accreditation surveys. One stakeholder, for example, strongly stressed the significant progress his committees had made following a visit and review by a person with wide experience as a HREC member and chair which focused on talking with committees about the various National Standards and how well the committees were able to apply those standards. There is no doubt of the power of such a process.

Hence, the first facet of the proposed system of recognition and review is based on formal peer-review of lead HRECs, based on mutual discussions around the application of the NHMRC’s National Statement and other national documentation accepted by all stakeholders.

The recommended process is:

- All lead HRECs should be reviewed by suitably qualified and experienced persons every 2 years. The review should be focused on the reviewer and HREC mutually exploring how well the HREC is performing against the criteria set out below.
- That review should be prefaced by a broader desk-top review by the Secretariat covering such matters as:

- Membership of the HREC
- Constitution of the HREC
- Frequency of meeting
- Workload
- Conformity of operations with the HREC's own SOP as well as the SOP provided by the National Secretariat
- A survey of researchers and research sponsors who have had proposals assessed by the HREC in the previous 12 months with special emphasis on how positive the interaction was, whether the HREC was able to add value to the research proposal etc.

The following criteria are suggested as the starting point for the NHMRC to develop a clear set of criteria for selection and continuing accreditation of HRECs.

***For all HRECs:***

- Registration with the NHMRC
- Timeliness in considering applications
- Level of administrative support (within their institution)
- Membership of the HREC including information such as qualifications, experience etc.
- Processes for induction of new members
- Meeting procedures
- Complaints procedures
- conflicts of interest procedures

***For HRECs considering clinical trials:***

- Their mechanism for obtaining timely scientific review by relevant experts in a broad range of clinical areas.
- Their access to appropriate scientific expertise to enable them to review clinical trials. This includes expertise in clinical trial design, clinical pharmacology, biostatistics and other clinical areas of research most commonly reviewed by the particular HREC.
- Their understanding of Therapeutic Goods Legislation and ICH GCP.
- Experience in reviewing clinical trials and reviews at a sufficient number per year to maintain capacity.

***For HRECs considering all other research***

- Their mechanism to obtain timely scientific review by experts in a broad range of non-clinical areas including expertise in biostatistics, health economics and qualitative research.

- Demonstrated experience in reviewing population health, health services and/or epidemiological research and reviews a sufficient number per year to maintain capacity.

The NHMRC should seek expressions of interest from suitably qualified members of HRECs or others with experience in ethics to undertake these reviews. The NHMRC should sponsor a training conference at least every 2 years for those who have undertaken or are intending to undertake such reviews, to ensure as common an approach to reviews as possible including agreement on the issues faced by HRECs. Such a program will not only enhance the review program but the HRECs to whom the reviewers belong.

Constant exposure to new ideas on best practice is desirable to avoid jurisdictions becoming isolated. To that end, I recommend that reviewers be drawn from institutions outside the State in which the HREC being reviewed is sited.

While this approach should be mandatory for HRECs who participate in the national system, there is no question that a similar approach would be invaluable for all HRECs. AHMAC should be asked to consider mandating the same approach for all of their HRECs and other institutions should be encouraged to adopt the same criteria for assessing their own HRECs. Implementing such a regime would require some training sessions in each jurisdiction for the Chairs and/or members of other HRECs not covered by the proposed training for the national system.

## **4(b) Recommendations**

- 4(b).1 *A system of bi-annual review of each HREC should be implemented, commencing as quickly as possible and minimally within 6 months of commencement of the system. Early candidates for review should be chosen from multiple jurisdictions and from HRECs assessing early clinical trials.*
- 4(b).2 *The review process should be based on:*
- *the well regarded and commonly accepted National Statement, the understanding of those standards by the HREC and its skill/experience in applying them and other available material*
  - *the criteria outlined as refined by the NHMRC in consultation with stakeholders.*
- 4(b).3 *A survey of researchers and sponsors of clinical trials who have interacted with the HREC in the prior 12 months and data on constitution, frequency of meetings etc should be prepared by the Secretariat prior to a formal review and be provided to the reviewer along with other basic information about the structure and makeup of the HREC. The survey should elicit:*
- *the applicant and sponsor's experience in dealing with the HREC,*
  - *the value of advice or suggestions/recommendations from the HREC*
  - *timeliness and efficiency of interactions including notifications; and*
  - *general satisfaction with the HREC.*
- 4(b).4 *All those who review HRECs should be asked to attend a bi-annual educational national conference and training session to ensure that good ideas and best practice are as widely and efficiently disseminated as possible.*
- 4(b).5 *All institutions and jurisdictions should be encouraged to utilise a similar set of criteria, so far as applicable, for assessment of their own HRECs (apart from those participating in the national system).*

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**4(c) Access to appropriate scientific advice and review for all HRECs when considering applications**

**Scientific advice**

One of the critical elements for the national system will be the capacity of all lead HRECs to access appropriate levels of scientific evaluation in a timely manner.

Many of the committees within the various jurisdictions that are most likely to be nominated as lead committees already have or have access to a scientific committee appropriate to the types of proposals that they evaluate.

It is strongly recommended that this system be maintained for multi-jurisdictional research proposals, i.e. that a HREC access and use its own scientific evaluation sub-committee or contacts.

However, there will be cases where a HREC believes that it needs to access specialist skills beyond those available to it or where a researcher requests a HREC to get a second scientific opinion on a proposed piece of research.

What is needed is something similar to the NSW Shared Scientific Assessment Scheme. The major problem with establishing such a committee is the unpredictable level of need, making regular meetings time-wasting and unnecessary.

While a number of scientific researchers stressed that they derived substantial value, professionally and personally, from face to face meetings, they recognised that there might be circumstances that make a “virtual” committee better able to meet the potential needs of the system in the short term.

I suggest that the NHMRC advertise for expressions of interest from scientists willing to participate in a “virtual” committee, providing assessment of proposals on an as-needed basis. Researchers to whom I spoke indicated that such an alternative would probably be workable.

Part of the 12 month review should be to examine the level of use of this facility and to examine whether, if workload and experience dictates, a more structured meeting of these scientists would be of benefit to them and the national system.

As well, as with the actual HRECs, some areas would benefit from specialist knowledge and so the establishment of ad hoc specialist scientific committees is also recommended.

The NHMRC should urgently review development of a standardised scientific evaluation form for each of the most common types of research, ensuring that HRECs who use this “virtual” assessment scheme will know the kind and extent of advice they will get back. That approach could also be used in the SOP for committees to ensure that they are following best practice.

Such a form should be developed in close consultation with the TGA, scientists and HREC members.

#### **4(c) Recommendations**

- 4(c).1 *The NHMRC should advertise for expressions of interest by scientists who are prepared to participate in an ad-hoc system of scientific assessment of research proposals if needed.*
- 4(c).2 *Virtual scientific committees could be established on the basis of specialist knowledge. Minimally, there should be an oncology scientific committee, a complex clinical trials committee and a data linkage scientific committee.*
- 4(c).3 *The NHMRC should develop standardised scientific evaluation forms in consultation with various stakeholders for use by virtual scientific committees and others.*

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#### **4(d) *A known Standard Operating Procedure followed by all participating HRECs.***

It will be important that all researchers and other stakeholders are very clear on the basic operation of all HRECs to whom their research proposals will go.

To that end, the NHMRC should select an appropriate SOP from any of the many models in use in Australian institutions and promulgate it as the basis for use by all HRECs when considering multi-jurisdictional proposals.

Encouragement of all stakeholders including governments to use that SOP as a benchmark or template for the operations of all HRECs would be a positive step towards harmonising deliberative and other processes across Australia over time.

#### **4(d) Recommendations**

- 4(d).1 *The Secretariat, in consultation with the Stakeholder Reference Group, should select and modify a model SOP for use by all participating HRECs.*

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#### **4(e) *Recognition and implementation by institutions who use the national HRECs of policies and structures that separate research governance from research ethics review.***

#### **Pre-research governance**

Research governance includes a range of issues including contractual issues, regulatory issues and financial issues. In best practice, research governance also includes both an initial and a continuing assessment of the fit between an institution's plans, facilities and staff and the research.

These issues are distinct and separate from any consideration of the ethical and scientific suitability or quality of a research proposal.

To date, research governance and ethical review have generally been folded into one process, both conducted by the reviewing institution's HREC.

This is undesirable and will be impossible under a national review system since there is a range of matters that can't be handled by someone other than somebody "on the ground" and certainly can't be handled by a remote HREC. Each participating institution must conduct a "site appraisal".

A number of institutions now operate Research Offices that are responsible for the registration of research projects, arrangement of insurance etc. This is an excellent model for all institutions. Best practice is that this Research Office is separate from the institution's HREC although it may serve the HREC. The role of site assessment could be a major function of such Research Offices.

Site appraisals are about institution-specific issues and questions that will dictate whether or not the particular institution will participate in the research distinct from whether the research is considered ethically and scientifically valid.

The minimum content of a site appraisal is for the primary researcher in every site at which the research is to be conducted to ensure that the institution responsible for that site has addressed a number of issues *before* research commences:

- The proposed research can be appropriately staffed within the institution.
- The institution has appropriate facilities for carrying out the research while meeting its duty of care.
- Staff have appropriate qualifications and experience, particularly in any research involving intervention with those to whom the institution owes a duty of care.
- Ethical and scientific approval has been given prior to recruitment commencing
- There is appropriate budget coverage for the research, including whatever central support costs the institution charges for research overheads.
- The proposed research fits within the strategic priorities and plans of the institution.
- The proposed research complies with all legislation of the jurisdiction within which the institution is sited that is directly relevant to the research being undertaken, eg State-based privacy legislation, Radiation Therapy legislation etc.
- The institution has appropriate insurance and indemnity coverage in place.
- Contractual matters have been finalised prior to commencement of research, eg agreement with a study's sponsor.
- Any location or population-specific issues have been considered and that those that ought to be identified in the ethical review process have been reported to the lead reviewer and subsequently notified in the research application to the lead HREC. This might include, for

instance, any population-specific changes to the agreed Patient Information and Consent form(s).

- The institution accepts and agrees to comply with any special monitoring and/or reporting requirements required by the approving HREC.

The most fundamental implication of the national system is that ethical and scientific approval will be carried out remotely from each institution participating in the proposed research, once only. All other issues are matters for each institution but must be signed off by the institution's executive prior to commencement of research.

The most sensible starting point for development of a final, agreed model form is the Site Specific Information Form developed by Victoria and New South Wales.

The major difficulty that needs to be addressed is to ensure this form, like all forms, is able to be used, at least as a template, by all institutions regardless of their research management systems.

While the site assessment can be done in parallel with the ethical review process, all institutions must be sensitive to the legitimate concerns of researchers that delay in completing this assessment, especially in concluding proposed contracts, budgets and project contributions to institutional overhead and infrastructure will militate against timely commencement of research.

As one group of British researchers argued about those specific points<sup>4</sup>:

*Red tape has been one of the many recent impediments to furthering knowledge about the causes, prevention, and treatment of human illness in the UK. Slowing the conduct of clinical trials in particular runs the risk that the identification of beneficial treatments will be delayed, or the use of harmful treatments perpetuated.*

The national secretariat should pursue development of a “tick the box” site assessment audit to guide institutions.

As well, the NHMRC should work with stakeholders to develop model contracts and other forms associated with commencement of research in order to simplify and improve research governance.

One question that arose on several occasions was the question of a loss of income from fees charged for ethical assessments. Some institutions will choose to charge a fee for carrying out the site review. There is no basis for making a recommendation about whether institutions should charge such a fee and, in my opinion, is best left to commercial decision-making and negotiation between an institution and potential commercial sponsors.

## **Governance Standards**

Once research has begun, other issues then arise in terms of the institution meeting its obligations to provide a high quality culture of research.

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<sup>4</sup> Research governance impediments to clinical trials: a retrospective survey; Rustom Al-Shahi Salman, Timothy M Brock, Martin S Dennis, Peter A G Sandercock, Philip M White, Charles Warlow; J R Soc Med. 2007 February; 100(2): 101–104.

Most stakeholders agree on the need for basic transparency and accountability. However, there is little information on just what constitutes good research governance per se.

Overseas, the UK (Research governance framework for health and social care; 2005) and the US (DHS Title 45, Part 46 Protection of Human Subjects; 2005) both seem to focus on a legislated framework of behaviours. Canada (Tri-Council policy statement Ethical conduct for research involving humans; 2005), like Australia (National statement on ethical conduct in research involving humans; 2007) focuses on promulgating standards for desirable behaviours.

None of them seems to offer substantial guidance on actual methodologies and tools for institutional research governance.

Development of standards and appropriate tools for such governance is beyond the scope of this Plan and must be informed by experienced researchers. However, it is clear that a standardised approach to improving research governance would be beneficial for a number of research institutions.

#### **4(e) Recommendations**

- 4(e).1 *Institutions participating in the national research system must establish a function separate from their HREC to conduct site assessments for executive sign-off.*
- 4(e).2 *In consultation with the Stakeholder Reference Group, the national secretariat should modify the Site Assessment tool developed by NSW and Victoria as the basis for commencing site assessments. Researchers should be asked to nominate difficulties or problems with the form which can then be modified over time.*
- 4(e).3 *The NHMRC should work with stakeholders to develop best practice standard forms such as contracts in order to simplify the process of developing and commencing research.*
- 4(e).4 *Institutions should be free to set and charge a site assessment fee at a level satisfactory to them and potential research sponsors.*
- 4(e).5 *The NHMRC should work with institutions to further develop standards and tools for continued research governance.*

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**4(f) *A comprehensive and effective system of insurance and indemnity for each of the national HRECs and for each institution relying on review by a national HREC.***

Insurance is a critical but limited issue.

In general terms, it is a limited issue because there is no proposal to change the current system by which institutions and governments insure themselves and their researchers, although this is clearly a growing issue for research in Australia.

In that regard, there is a general perception amongst stakeholders interviewed in developing this plan, that the insurance industry in Australia does not understand the real risk profile of research, that there is a significant lack of any commonality amongst insurers regarding the information they require and a view that the cost of arranging insurance as well as the actual premiums themselves are becoming a major disincentive to research.

There are also perceptions amongst universities in particular that there is a number of untested grey areas such as insurance coverage of private healthcare providers working in public hospitals.

Finally, there is a reality that some insurers currently demand that institutions conduct their own ethical and scientific review process regardless of whether the proposed research has already been reviewed by another institution.

Resolving these issues is well beyond the scope of this Plan. However, it is clear that some of these issues could hinder establishment of a national system of once-only review as well as hindering research in general.

It is strongly recommended that NHMRC establish a joint researcher, government and insurance industry working party to delineate these problems and issues and develop optimum outcomes for all parties.

Indeed, in terms of facilitating research, the development and arrangement of insurance coverage for any given research project currently forms a major impediment to timely commencement of research and is a major research governance issue for many stakeholders.

However, for the purposes of this proposed national system of HRECs, the sole insurance issues are the question of indemnity insurance for those HRECs when they and their scientific sub-committees are evaluating multi-jurisdictional research proposals and the possibility that some insurers will demand that an institution conduct its own review of research proposals that have already been dealt with by a lead HREC.

In working with the insurance industry, the whole question of risk and hence the cost of indemnity coverage for HRECs should be a fairly minimal issue.

For example, most doctors who work on HRECs will have medical indemnity coverage that would already cover them for their work on the HREC regardless of what they are considering. Many other categories of HREC participant will also already be covered by existing personal and professional indemnity insurance arrangements that, in many cases, will also cover them for their work on multi-jurisdictional proposals. The sole issue is to make sure that there are no gaps. Hence the coverage required is relatively limited.

Secondly, coverage required is limited by the relatively limited number of committees that will participate in the system.

Thirdly, the nature of the proposed system and especially the proposed process of recognition and review means that the quality and caliber of the deliberative process will be as high quality as possible. The review by selected committees will certainly be at least as good as the deliberations of undifferentiated HRECs generally and could reasonably be thought to be as low risk as possible.

That is a critical point.

While the exact number of committees is unknown and unpredictable at this stage and the exact number of proposals that will be evaluated is unknown, the actual risk profile is more of a known quantity.

There have been very few cases of researchers being sued in Australia over the past 10 years. There are no known cases of HREC members being sued.

A similar situation appears true overseas. Research on what happens in the UK and the US shows a clear pattern where, while researchers may be sued (although even this is uncommon), HRECs or their equivalent are rarely if ever sued. Indeed, a conference in America, examining this issue, concluded that the absence of any direct contact between or any contract between HREC and an individual research participant meant that there was no basis for any duty of care beyond normal reasonable care in carrying out their limited advisory role.

Hence, the actual risk profile of HRECs is minimal and the expected cost of providing indemnity insurance is expected to be equally minimal. If necessary, coverage should be the subject of a competitive tender process administered by the secretariat, with the cost of premiums being met from the central funding pool.

The final limitation that needs to be stressed is that there is no proposal to restructure or modify any of the current arrangements for insurance by institutions and researchers – we are talking only of indemnity for consideration of proposals by HRECs and whether there is any particular “new” or “additional” risk for institutions in relying on the assessment made by another institution. The probable reality is that there is little or no risk for HRECs or for institutions.

## **4(f) Recommendations**

- 4(f).1 *The NHMRC should investigate and/or encourage establishment of a joint government/researcher/insurance industry working party to delineate current researcher issues with the availability, structure and cost of insurance coverage and to develop best practice guidelines for all parties.*
- 4(f).2 *If necessary, the NHMRC should conduct a competitive tender to provide indemnity coverage for HRECs when they are conducting a review of a multi-jurisdictional research proposal.*
- 4(f).3 *The proposed working party's findings on risk profiles etc [see Recommendation 4(f).1 above] should be strongly and thoroughly promoted throughout the insurance and research sectors.*

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- 4(g) *A transparent and equitable system of allocating review work to national HRECs.***

## **Methodology**

The methodology for allocating work amongst national lead HRECs depends in the first place on just how many HRECs the national system ends up having and some other factors that will need to be carefully monitored and managed by the Secretariat:

Number of HRECs. Obviously, the more HRECs that there are, the easier it will be in some respects to allocate workload between them. On the other hand, there is a need to ensure that committees are generally reviewing a sufficient number of applications on a regular basis to ensure that their skills are exercised and members' teamwork is kept at a high level.

Expected workload capacity of HRECs. As mentioned earlier, there is a dearth of material on how many "average" applications of various kinds a well-functioning committee might be able to review in a given timeframe. Making some educated guesses about that and then testing those guesses empirically over the first 12 months may prove to be crucial.

Time capacity of HRECs. Many existing HRECs, particularly those dealing with the most complex research proposals already carry a heavy workload. On the other hand, as pointed out earlier, there will be a balancing reduction over some period of time in the number of applications being reviewed by any given HREC as those applications are seen once-only by only one instead of multiple HRECs.

Skills capacity of HREC/specialisation. HRECs are to be identified by the type of proposal that they are able to deal with, eg clinical trials, population health studies etc. The review application form must provide capacity for researchers to indicate clearly the type of proposal being entered. The proposed IT system is then able to automatically allocate the proposal to an appropriate committee with the necessary skills.

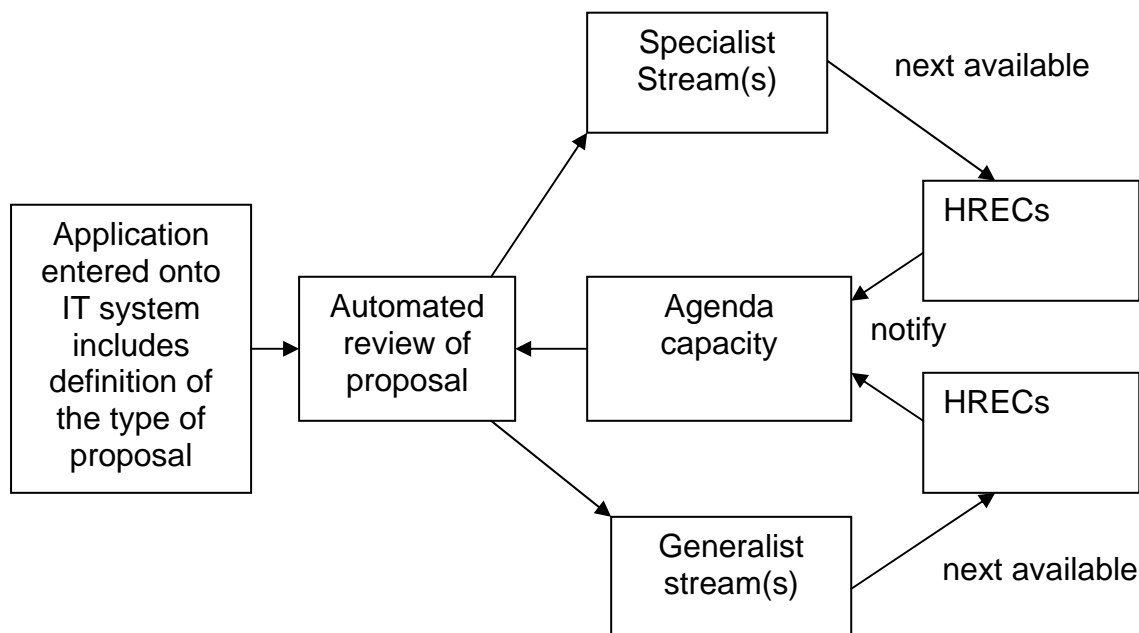
Equality of workload. Given all of the above, the only other factor that needs to be taken into account is trying to balance out the workload across all HRECs. This is particularly important in a

national system since different jurisdictions will want to feel that they are being allowed to participate fully in the system and that they are bearing not more than their fair share of the national workload . At the same time, this is unlikely to be an issue in the first year or so of the system as the effects of rationalisation of workload work their way through the system. Until that time, the key factor will be to fill all known spare capacity rather than overloading a few HRECs.

Finally, until an IT system with agenda management functionality is available and used by all participating HRECs, spare capacity will need to be a verbal or email notification by HRECs to the secretariat.

Assignment of work to lead HRECs will be a matter of art rather than science in the first place. The effects of workload, times taken for assessment of proposals etc should all be carefully analysed in the first 12 month review in order to begin developing more objective methodologies for work allocation.

Diagrammatically, the application form provides the information used by the software system<sup>5</sup> application form to allocate the proposal to an appropriate committee. Committees either use the inbuilt agenda management process or an alternative means to advise the system or secretariat of their capacity at any given time. The system then matches availability with suitability in allocating work.



### Timelines for considering applications

With respect to timelines, there was considerable difference of opinion amongst stakeholders.

Some stakeholders were interested in establishing specific timelines for approval of research proposals. A majority, however, clearly felt that the time needed was often unpredictable and that

<sup>5</sup> Any IT system chosen must include this functionality as does the RED system [see 4(i)].

imposed timelines ran the risk of “hurrying” committees to make decisions better thought about for a longer time.

Generally, most stakeholders were concerned to not impose artificial timelines on proposals where the complexity of assessment was difficult to quantify in advance. There was clear agreement that when proposals were complex, scientifically or ethically, experts with the skills-base needed to provide good quality assessment were already working as hard and as fast as could reasonably be expected and that most studies would still be approved far faster in a national system than with the current system of having to negotiate through multiple HRECs.

On the other hand, timely assessment of proposals will be an important factor in building Australia’s record as a place to do research and will also be an important factor in assessing the performance of HRECs.

In general, it appears that likely lead HRECs will have enough practical research experience to be conscious of the need for a timely decision. Imposing an artificial timeline on them would not improve that situation and might well make it worse.

Some stakeholders referred to the British system where the clock starts running when the application is made but stops running every time a query is raised by the HREC. The proposed IT software has this capacity built-in as should any other chosen alternative and this functionality should be used purely for monitoring purposes.

The major point is that setting a mandatory deadline is not necessarily conducive to good review. At the same time, researchers and research sponsors reasonably want a timely evaluation. I suggest that setting a benchmark of 60 days is appropriate and using that as a basis for prima facie evaluation of a HREC’s performance when conducting regular evaluations as per the accreditation process.

As well, institutions and researchers should be aware that the secretariat will investigate any situation where a researcher believes that approval is taking an inordinate length of time. If the secretariat finds that, in fact, a proposal has not been assessed and that there is no clear reason why it hasn’t, they should have the authority to ask the HREC whether the committee wishes to assess the application or whether it should be re-allocated to another committee.

The software recommended clearly defines who has had an application at any point and overall times between stages etc.

#### **4(g) Recommendations**

- 4(g).1 *The application form must provide the information for the proposed IT system [see Section 4(i)] to automatically allocate the proposal to an appropriate committee.*
- 4(g).2 *The secretariat will initially need to negotiate with committees on how they will notify the secretariat (or IT system if they use it) of spare capacity.*
- 4(g).3 *The probable difficulties of allocating work in the early stages of the system, to ensure a fair distribution of work amongst jurisdictions and between*

*HRECs, means that the secretariat must actively and closely monitor workloads over the first 12 – 24 months.*

4(g).4 *No mandated deadlines should be imposed for review and assessment of research proposals but 60 days should be set as the known and published benchmark.*

4(g).5 *The Standard Operating Procedure for all lead HRECs should provide for the secretariat to follow up outstanding applications and, if thought necessary, manually reallocate a proposal to another committee.*

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**4(h) *An adequate and fair means of financing the system including a schedule of fees for use of a national HREC.***

Fees and charges are a potentially contentious issue.

The first issue is to whom fees for assessing applications should be paid. At the moment, fees are paid directly to the institution that provides the HREC. That works satisfactorily for institutionally-based review but has some major difficulties when dealing with a national system.

While some national costs, eg the cost of secretariat staff and cost of establishing the proposed IT system, will be met by the NHMRC, the national system will have a number of other national expenses that ought reasonably to be met from fees and charges. In particular, the cost of ensuring that all States and Territories and their HRECs have equal access to accreditation and high quality training and have an equal opportunity to participate in governance and other responsibilities means that there will need to be substantial subsidisation of the costs of travel etc in order to ensure equality of outcomes.

In order to promote equality of outcomes between HRECs, I strongly recommend that all fees for ethical review should be paid into a central pool of funds, transparently administered through the national secretariat to pay for the ordinary operation of the system and the costs of enhancing and developing the system.

The second issue is that HRECs may see some change in income levels for assessment of research proposals.

Under the current arrangements, a fee is paid by a research sponsor for each HREC to assess the research application. Indeed, for any piece of multi-institutional, multi-jurisdictional research, some number of fees will currently be paid

Under the proposed scheme, it is possible that the income of an institution from the work of its HREC could decline as work is rationalised. This will place greater pressure on institutional budgets in adequately resourcing their HREC. Minimising this additional pressure on institutions will be important.

The third issue is the question of how much should be paid to HRECs for assessing research proposals. Lack of adequate information precluded me reaching a conclusion on this issue.

In order to ensure that institutions are adequately reimbursed for the national level work of their HRECs, I recommend the employment of a health economist to estimate a fair and reasonable average cost of assessing a research application including the likely ordinary costs of members' meeting expenses, administrative support and any other relevant costs. That amount should then be paid to institutions for consideration of proposals by their HRECs.

Having established what must be paid for HREC assessment of applications, the second part of the brief should be to add in systemic costs such as an allowance for travel costs, accreditation costs and any other costs more appropriately met by the system rather than the NHMRC.

That calculation, plus the expected payments to institutions for HREC assessment, provides a model for cost recovery through setting fees that reflect the actual costs of the system (not including those that will be carried by the NHMRC).

In setting fee levels, there are only two further recommended criteria:

- It is important to not obstruct researcher-initiated, non-commercial research through application of high fees. At the same time, the system is for what will be multi-jurisdictional research where any single application fee will be spread across some number of institutions. Even for ordinary researchers there is a time value in not having to deal with multiple HRECs.
- Researchers, or their sponsors, should only pay for the service they get. At the same time, it is recognised that the availability of a quick, responsive, high quality decision-making process as opposed to the tedious, expensive and long drawn out process of applying to multiple HRECs has real commercial value which should be used to meet reasonable costs of the system.

The regime I propose is a differential scale of fees based on whether a research project is commercially sponsored or not.

That whole calculation should be revealed to institutions and other stakeholders to ensure absolute transparency.

Transparency of the system will be crucial. Institutions may see the amount of income they receive decline somewhat as workload is rationalised but they must also know that they will be paid an appropriate amount for their work and then receive the benefits of subsidised or even free training and development.

As discussed earlier in the paper, the issue of a site assessment fee should quite specifically be left for each institution to decide. This should most appropriately be seen as a commercial decision and a matter for negotiation between each institution and any sponsor. These fees should be paid directly to the institution performing the site assessment.

Fees charged to researchers should be monitored closely to ensure that they are not precluding valuable research and the national secretariat should be authorised to waive fees on application for special circumstances.

#### **4(h) Recommendations**

- 4(h).1 *The NHMRC should employ a health economist to calculate the reasonable costs of a HREC in assessing a research application including a share of ordinary expenses, generous administrative support and any other relevant cost.*
- 4(h).2 *The major parameter for setting fees should be cost recovery of fees that must be paid to HRECs for their work plus an amount to cover the cost of insurance, accreditation, education etc.*
- 4(h).3 *Fees charged should not preclude researcher-initiated, non-commercial research.*
- 4(h).4 *All assessment fees should be paid to a central pool and transparently administered to cover the ordinary running costs of the system not covered by the NHMRC and the cost of the proposed accreditation and training regime.*
- 4(h).5 *In collaboration with the Stakeholder Reference Group, the Secretariat should try to monitor the effects of income reduction on HRECs so as to adjust, if appropriate, the levels of fees paid to HRECs for assessing applications.*
- 4(h).6 *Site specific assessment fees should be left to the discretion and for negotiation by each institution to whom the fee should be paid directly by any sponsor.*

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- 4(i) *An electronic application and application tracking and management system, providing certainty to HRECs and applicants on where applications are, the stage they are at and the time schedule for consideration.***

All 3 eastern seaboard States are working together to implement a common software package, developed and used in the UK for multi-site research, for the management of ethics applications within their respective public health sectors.

A review of the similarities and differences between the UK model and the proposed national model, that existing commonality amongst the eastern States and the successful use of this Infonetica RED software in the United Kingdom strongly argues that this package should become the benchmark for preferred functionality, flexibility and cost of any proposed IT system.

That functionality must include:

- A web-browser based front end for all authorised users
- Establishment of a closed user virtual network through a process of authorisation on application from a legitimate entity

- Provision of access to a NEAF application form through the package<sup>6</sup>
- An electronic record of interactions between all stakeholders including timing of deposit of documents etc.
- Provision of sophisticated application tracking and status reporting
- Provision of agenda management facilities that should allow the administrator of a lead HREC, under the guidance of the HREC's chair, to flag spare capacity.
- The ability for the software system to “assign” a matter to an appropriate HREC and include it on their agenda.
- Other useful tools for researchers including a standardised Site Assessment form.
- Sophisticated information tools to track workloads, numbers of applications by category etc to assist in continuing refinement of the national system.

Some stakeholders will be unhappy with this proposal. For various reasons, various stakeholders consider the NEAF as unsatisfactory and are developing their own form. The current and separate task of revising the NEAF should take those issues into account.

Similarly, some consider the proposed IT system as inadequate for their particular purposes, including for operation of their HRECs. Certainly it is fair to say that the RED system is not an institutional research management system although it is quite reasonable to suppose that it (or any other chosen system) should be able to interface to more sophisticated research management systems.

The most important thing is that, to the greatest possible extent, the NHMRC must encourage all stakeholders, through direct communication programs and through consultation and collaboration with the Stakeholder Reference Group, to participate in defining, refining and using this proposed national IT system and all associated forms.

One of the major criticisms of the current institutional HREC system is the plethora of processes, systems and informational requirements with which researchers must contend. Discouraging further individualised, idiosyncratic processes and forms and encouraging multi-use, functional and flexible processes and forms must be a high priority for the NHMRC and the National System Secretariat.

Any work by the NHMRC on forms should be developed with the potential for information to be entered once only. Adopting a mindset of universality of information and maximising re-use of information will go a long way to making life simpler for researchers.

Finally, the Stakeholder Reference Group must be actively involved in defining and designing all forms associated with the system.

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<sup>6</sup> Or to a modified version of the NEAF since this is a contentious form for many stakeholders.

#### **4(i) Recommendations**

- 4(i).1        *The RED system should be regarded as the benchmark for assessment of the functionality, flexibility and cost of a national system IT platform*
- 4(i).2        *All forms should be designed in consultation and collaboration with the Stakeholder Reference Group.*
- 4(i).3        *All forms should be designed to fit a common platform and promote maximum re-use of information across forms.*

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#### **4(j)        *A clear allocation of responsibilities for monitoring the conduct of research approved by a national HREC.***

An important aspect of governance is monitoring and reporting on what has been happening in a particular piece of research subsequent to approval and commencement.

There are three main aspects to such governance issues:

- Standard reporting between researchers and between the co-ordinating researcher as determined by the HREC that has given ethical and scientific approval for the research.
- Non-standard reporting by:
  - researchers to their own institution where there has been any material change to the nature of what has been approved in the site approval;
  - the co-ordinating researcher to the HREC where there has been any material change;
  - researchers on adverse events or other matters of significance.
- Handling of matters regarding possible researcher contravention of agreed protocols or other research issues.

All matters regarding possible researcher contravention of agreed protocols or other research issues should be referred back to the employing institution. They should not be dealt with at the HREC level other than in terms of reviewing any report by the employing institution if there is a need to re-review approval for the research.

In general, standard reporting is not onerous. It should normally comprise a signed declaration from the principal researcher that the research was or is being conducted in accordance with the approved protocol, any significant changes to documents such as the Investigator Brochure and any details of publication(s).

Adverse event and other reporting, especially Serious Unexpected Suspected Adverse Reactions (SUSARs), have become increasingly onerous for researchers and for HRECs because of the sheer volume of notifications.

The NHMRC has already published a HREC Alert on 18 April 2007 about this issue, seeking to simplify reporting between researchers and HRECs. This should be continued to ensure that reporting is practical and pragmatic while safeguarding the interests of research participants.

This work could be built on by working with stakeholders to develop and trial a model regular report form.

The final proviso for reporting is that a HREC has an absolute right to set special requirements for reporting and monitoring as part of a conditional approval for a research project. In such an event, it is mandatory for all institutions participating in that research to abide by those requirements. If that is unacceptable to an institution, they have the right to decline to participate in that piece of research but they can't refuse to comply with the HREC's conditions of approval.

#### **4(j) Recommendations**

- 4(j).1        *In consultation with stakeholders, the NHMRC should build on its work with Alert 18/4/07 by developing and trialling a model regular report form.*
- 4(j).2        *The NHMRC should continue to monitor this area in consultation with the Stakeholder Reference Group to ensure an appropriate balance between researcher (and HREC) workload and participant safety.*
- 4(j).3        *Institutions participating in any piece of research must comply with any reporting or monitoring requirements set by the approving HREC.*

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#### **4(k)        *A known procedure of appeal***

There is a range of reasons why a research proposal might not be accepted in the first case by a HREC. The application may be incomplete or some aspects may be unclear. There may appear to be scientific or ethical issues unresolved or doubtful efficacy of the research.

HRECs currently reject very few proposals outright. However, it is not unusual for HRECs to ask for clarification or modification of proposals and to negotiate with researchers on these issues prior to final evaluation of the proposal.

The proposed process for the national system follows those valuable precedents.

- In the event that a HREC cannot approve a research proposal, they must immediately notify the applicant fully identifying and explaining the deficiencies that need to be addressed and their reasons for requesting changes.
- The researcher may choose to amend the proposal or to enter into a process of negotiation with the HREC on any aspects of their response.
- In the event that the HREC's decision reflects some scientific issues, the researcher will have the right to ask that a second scientific opinion be sought. The HREC will arrange that through the national secretariat who will use the ad hoc committee spoken of in Part 4.4. The

researcher must be given a copy of the findings of that second opinion and must then decide whether to amend the submission.

- There is no fixed timeline within which discussions must be concluded although a researcher will always have the right to ask the national secretariat to intervene if they feel that there has been or is being some inordinate delay on the part of the HREC.
- When the researcher submits a revised submission or indicates on the basis of a second scientific opinion that they wish their submission to be re-reviewed, the HREC will reconsider the application and give a final and binding decision.
- There is no appeal against the final decision of a lead HREC other than on procedural grounds.
- The preferred venue for procedural appeals, as per the National Statement, would be the institution whose HREC is acting in its national role.

A researcher or their sponsor also obviously retains all their existing rights in terms of approaching regulatory authorities directly.

#### **4(k) Recommendations**

*4(k).1      The system should have an appeals process based on negotiation, reasonable access to a second opinion on scientific issues and an assurance of natural justice in terms of the ability to appeal on procedural grounds.*

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**4(l)      *A continuing process of consultation with all stakeholders to promote awareness of and improvement to the system.***

Success of this proposed system will be critically dependent on stakeholder acceptance and support. That can't be taken for granted. Even though jurisdictions, universities and industry are generally supportive of the concept, there may still be disagreement over various aspects of implementation.

It will be crucial between now and the proposed commencement date to actively promote and "market" the system to governments, researchers, institutions, insurance companies, pharmaceutical companies and other stakeholders.

A key role for the NHMRC and secretariat will be publication of information that is timely, attractive, readable and that compellingly argues for the rapid take-up of the system. Ensuring that all stakeholders know the decisions that are being made, their genesis and rationale will ensure that even where a stakeholder doesn't necessarily agree with a decision, they will understand the rationale behind it. Ensuring that stakeholders are also aware that this will be a continuously refined, improving system that will welcome their comments and input will further promote stakeholder buy-in.

All such information should be as widely distributed and promoted as possible to ensure that all interested parties fully understand the situation, the issues, the decisions and their opportunities to both use the system and participate in its evolution.

#### **4(l) Recommendations**

- 4(l).1        *The NHMRC must conduct an active and continuing information campaign to ensure stakeholders are fully informed throughout the process of implementation of the system.*
  
- 4(l).2        *Encourage early consideration by institutional HRECs of the implications of the system and encourage early recognition of the process of once-only assessment and review of multi-jurisdictional research.*
  
- 4(l).3        *Ensure commercial stakeholders such as insurance companies and research sponsors are kept informed in order to encourage them to accept the system of once-only assessment and review.*

## **5. Getting there**

There are a number of issues to be dealt with in establishing the system.

These comprise issues such as finance and costs, fee levels to be charged, policy and design issues associated with procedures, forms and IT systems etc.

Some decisions on some of these issues may require commitment and agreement from the States and Territories to be practical. To that end, AHMAC involvement in understanding and signing off on the decisions the NHMRC reaches will reduce subsequent difficulties in implementation.

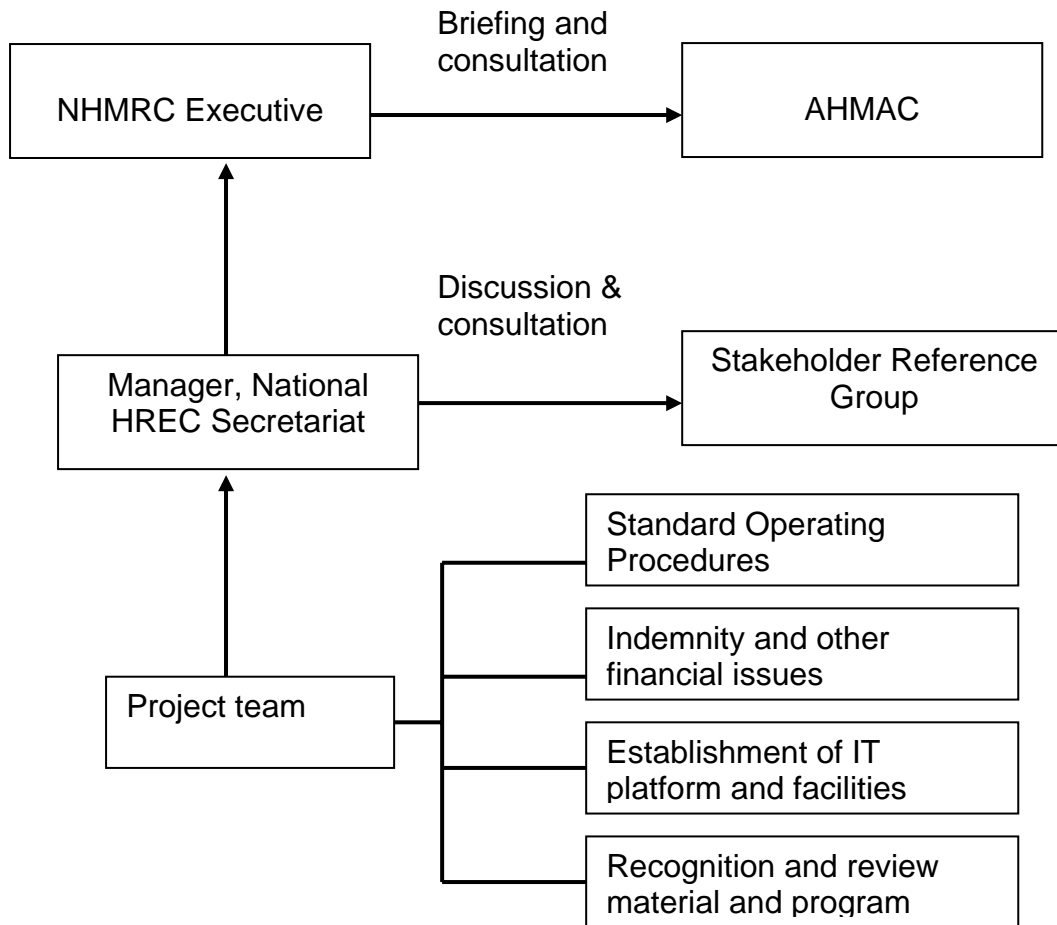
Similarly, the establishment of a stakeholder reference group, drawn from a wide range of jurisdictions and stakeholders with whom the NHMRC can discuss these issues and move toward consensus as far as possible would be of considerable assistance in later implementation phases. It is worth noting that, in a system that is also expected to continuously improve and to undergo refinement over time, establishment and inclusion of that stakeholder reference group in design issues should be seen as a long term asset by the NHMRC.

Buy-in and co-operation from all stakeholders will be crucial to early take-up and willing use of the system. The earlier they are brought in the better.

In the initial pre-commencement phase, I recommend establishment of such a stakeholder reference group to provide input to design and other issues.

AHMAC should be fully briefed and consulted on the decisions that the NHMRC has come to, at an appropriate stage of readiness in preparation of the system. As per the high level timeline that follows, that point of consultation is likely to be after initial firm conclusions are reached about IT systems, fees and charges and basic operating procedures for the system.

There are a number of tasks that need to be achieved in a relatively short space of time to arrive at the stage of readiness. To ensure that all tasks stay on track, I recommend a change management structure for implementation of the system. Experience shows that a team dedicated to and focused solely on a single issue will better ensure that milestones are met than a less structured approach.



The diagram shows a proposed reporting line between the NHMRC Executive who are responsible for implementation and AHMAC who will need to be briefed and consulted on the preliminary systemic and policy decisions the NHMRC arrives at.

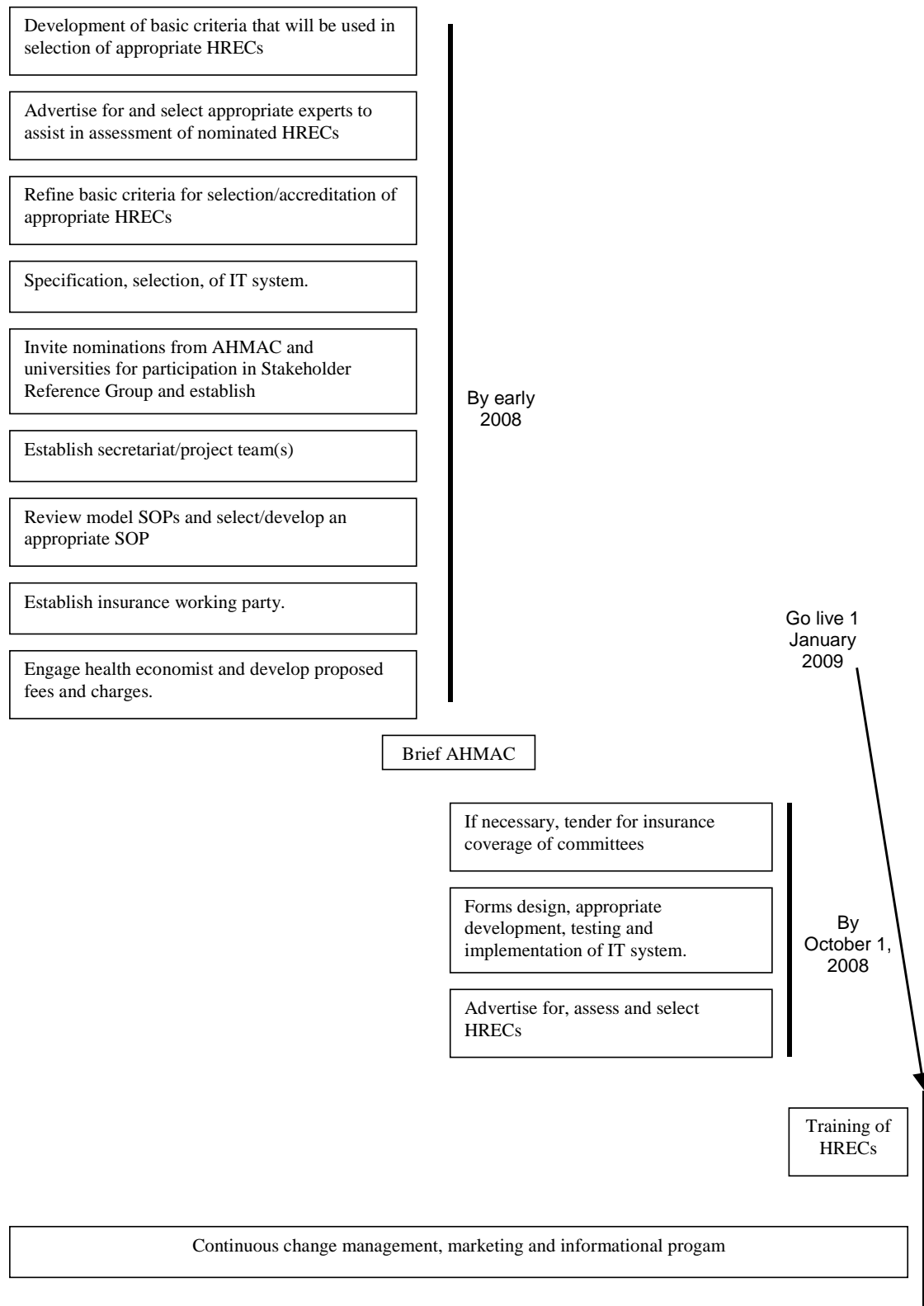
The actual team doing the work should be the nucleus of the proposed national secretariat for the system. Staff should share the various projects to be completed amongst themselves.

Siting responsibility for these projects amongst the secretariat staff will enable them to develop expertise in areas that will be of continuing concern and undergo continuing development, eg the IT platform and facilities will certainly change over time as the three eastern seaboard States work together to develop the system.

The Manager of the secretariat should be responsible for obtaining timely input and comment from the Stakeholder Reference Group to ensure that all projects, especially such contentious issues as forms and IT system design, are as collaboratively developed as possible.

That role will call for high facilitation, consultation, negotiation and collaboration skills and should be regarded as a senior position in the organisation.

The Secretariat will be responsible for meeting the following broad timelines. A more detailed implementation timeline with appropriate milestones is not possible until various other issues implicit in this Plan have been discussed and decided by the NHMRC Executive.



Nevertheless, the broad outline of the plan is that there needs to be a substantial amount of preparatory work done in terms of defining the appropriate IT system, determining who will select HRECs and on what criteria etc.

Once those tasks are completed, the project will be at a stage of readiness where AHMAC should be fully briefed and asked to endorse the actual implementation of the decisions made, i.e. purchase of the software system, a formal approach to HRECs etc.

The proposed starting date for the system is 1 January 2009. It might be possible to achieve an earlier date but the risk of slippage was sufficiently high that this was thought to be a “safer” date.

## **5. Recommendations**

- 5.1            *Establish a dedicated implementation team within the NHMRC headed by a capable senior officer.*
- 5.2            *Establish appropriate milestones for each project based on decisions made by the Executive.*
- 5.3            *At an appropriate stage of readiness, brief AHMAC on decisions made or to be made seeking their endorsement and commitment.*
- 5.4            *Plan to go live on 1 January 2009.*

## 6. *Staying there*

### **Continuing consultation**

Once the system is established, it will be necessary to continue to monitor its operations and make incremental improvements to address issues.

Continuing stakeholder participation will be a crucial element in continuing *willing* participation in the system (as opposed to mandated participation) and to its eventual evolution into a world-leading system.

The NHMRC should use all available forums to invite comment on the system including its own Council, organisations such as the GO8 and other contacts with researchers, institutions, jurisdictions, sponsors and industry representatives and other stakeholders.

Without a strong sense of collaboration and commitment to listening to legitimate concern, the system will not succeed as well as it could or should.

### **Review**

The levels of desirable confidence in the working of the proposed national system suggests that a regular review of the system and of progress in implementation and progress towards achieving the desirable outcomes discussed in this paper would be appropriate. This is also obviously another very structured opportunity to sound out stakeholders about their practical experience of the system.

Most whole of Government initiatives have reviews anticipated from the start with the intent of examining:

- Whether the project is meeting the intended objectives
- Any unforeseen impediments or barriers to success
- Any fine-tuning of the system necessary to allow it to achieve intended objectives over the next time period, typically 2 to 3 years which is about the limit of sensible prediction.

In line with that general good practice, I suggest that an initial review be held 12 months after implementation to review implementation and progress towards objectives and a further, more detailed review to be carried out a further 18 months on, i.e. 2½ years after commencement.

## **6. Recommendations**

- 6.1 *The NHMRC must actively engage stakeholders from the start, ensuring that the system is perceived as a collaborative effort intended to be a win-win for all stakeholders.*
- 6.2 *The NHMRC should review the system 12 months and 30 months after commencement with the report being distributed to NHMRC Executive and AHMAC for discussion and any appropriate action. A summary of the report should also be provided to all research institutions to ensure transparency.*

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4(a).2 There should not be any limit placed on the number of HRECs nominating themselves. ....	13
4(a).3 Nomination by a HREC should include identification of the capabilities/specialisations of the HREC. ....	13
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4(b).1 A system of bi-annual review of each HREC should be implemented, commencing as quickly as possible and minimally within 6 months of commencement of the system. Early candidates for review should be chosen from multiple jurisdictions and from HRECs assessing early clinical trials. ....	17
4(b).2 The review process should be based on: .....	17
▪ the well regarded and commonly accepted National Statement, the understanding of those standards by the HREC and its skill/experience in applying them and other available material.....	17
▪ the criteria outlined as refined by the NHMRC in consultation with stakeholders. ....	17
4(b).3 A survey of researchers and sponsors of clinical trials who have interacted with the HREC in the prior 12 months and data on constitution, frequency of meetings etc should be prepared by the Secretariat prior to a formal review and be provided to the reviewer along with other basic information about the structure and makeup of the HREC. The survey should elicit: .....	17
▪ the applicant and sponsor's experience in dealing with the HREC,.....	17
▪ the value of advice or suggestions/recommendations from the HREC	17
▪ timeliness and efficiency of interactions including notifications; and....	17
▪ general satisfaction with the HREC. ....	17
4(b).4 All those who review HRECs should be asked to attend a bi-annual educational national conference and training session to ensure that good ideas and best practice are as widely and efficiently disseminated as possible. ....	17

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<sup>7</sup> Recommendation numbers correspond to the paragraph of the report.

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