

NEUROPSYCHIATRIC HOSPITAL, ARO

HEALTH RESEARCH ETHICS COMMITTEE

STANDARD OPERATING PROCEDURE

Preface

The Neuropsychiatric Hospital, Abeokuta, Ogun State, Nigeria (NPHA) was established in 1944 to meet the growing mental health needs of Nigerians. The realization of this objective has also led to a considerable increase in research and training activities.

The research portfolio of our organization has grown steadily over the years. With this increase in our research portfolio, we have also become increasingly more conscious of our mandate to ensure the protection of participants in our studies.

The NPHA Health Research Ethics Committee was established to provide guidance and education to the NPHA research community in order to promote ethical research and practice.

This SOP was developed in line with international best practice recommendations. It is hoped that it will be used to guide the work of the NPHA HREC and provide information to researchers seeking approval from the Committee, thereby making the ethical review process less burdensome.

Signed

Dr. Akinwande Akinhanmi

Acknowledgement

This document is the property of the NPHA HREC and was put together through the assistance of the NHREC.

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The pioneer HREC Administrative Officer – Tolulope Oladotun is equally worthy of commendation as well as everyone that has in one way or the other been contributing to the effective operations of the committee.

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1.0 Authority

The NPHA HREC is constituted under the authority of the Provost and Medical Director, Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria.

2.0 Objective

The objective of this SOP is to provide detailed guideline about the operational procedures of the NPHA Health Research Ethics Committee (HREC) towards ensuring a quality and consistent ethical review of research protocols submitted to the committee. This SOP will be reviewed periodically to ensure compliance with developments in regulation and/ or guidance on human research participant protection locally and internationally.

3.0 Guiding Principles

This SOP is developed in line with the provisions of the Nigerian National Code of Health Research Ethics (NCHRE), Declaration of Helsinki, United States Common Rule Code of Federal Regulations 45 Subpart 46 (CFR45-Subpart 46), Council of International Organisation of Medical Sciences (CIOMS), International Conference on Harmonisation *harmonised tripartite guideline* on Good Clinical Practice (ICH-GCP), and other extant local and/or international regulations that are consistent with established ethical principles that derive from the Declaration of Helsinki.

4.0 Role of HREC

4.1 The role of the NPHA HREC is to review and approve all types of research proposals involving human participants with a view to safeguard the dignity, rights, safety and well being of all actual and potential research participants. The goals of research, however important, should never be permitted to override the health and well being of the research subjects.

4.2 The NPHA HREC will review studies involving human participants that are proposed by investigators from Nigeria and other parts of the World to ensure that they conform with locally and internationally accepted ethical guidelines and principles including the Belmont Principles of Respect for Persons, Beneficence and Non-maleficence, and Justice. It will also monitor studies once they have begun and, where relevant, take part in follow-up action and surveillance after the end of the research. The committee has the authority to approve, disapprove, and also to suspend or terminate approved studies or require modifications to research protocols before approvals are issued. It may also perform other functions, such as setting policies, training and providing ethics consultation among others.

5.0 Composition of the NPHA HREC

5.1.1 The membership of the NPHA HREC shall be multidisciplinary ensuring at all times, adequate representation of clinical and non-clinical professionals, and non-NPHA affiliate members(s). The composition will also ensure gender representation and availability of members that are capable of representing the interests of the two major Nigerian religions – Islam and Christianity.

5.1.2 The NPHA HREC will be made up of a minimum of 7 members, with a Chairman, a Secretary and other voting members.

5.1.3 At all times, the committee shall have at least two alternate members, who may be called upon to vote in the case of in-complete quorum due to unavoidable absence of a member.

5.2 Becoming a member of the Committee

5.2.1 Membership of the committee will be based on nomination from all the relevant departments of NPHA. The Provost and Medical Director shall when due, request the heads of these departments to nominate at least one person to serve on the committee. Nominated members shall then be contacted, and will only become members following their consent to serve on the committee.

5.3 Membership Tenure and Replacement

5.3.1 The duration of appointment for all members of the NPHA HREC is initially for a period of 2-3 years.

5.3.2 At the end of 2-3 years, as the case may be, the committee is reconstituted, and half of the members will be replaced. Replacement of any member shall be from the same department as the out-going member, following the nomination process defined herein.

5.3.4 A member can be replaced in the event of death or long-term non-availability or for any action not commensurate with the responsibilities laid down in the guidelines.

5.3.5 A member can tender resignation from the committee with proper reasons to do so.

6.0 Meetings of the Committee

6.1 Quorum

6.1.1 A quorum shall be formed when at least 50% of the members are present. A quorum shall also require the presence of the lay person and/or the non-affiliate member of the committee or their alternates, which ever is available.

6.2 Virtual participation at meetings

6.2.1 Committee Members that are able to engage in the meeting in real-time either through live video or telephone participation will be counted as present and can vote.

6.3 Procedure

6.3.1 Meetings of the NPHA HREC shall be convened at least monthly or/as will be deemed necessary/expedient to consider research protocols submitted to the committee for review or discuss other issues pertinent to the committee

6.3.2 Members shall be notified of a scheduled meeting at least one week before the date of the meeting.

6.3.3 The Chairperson will preside over meetings of the NPHA HREC. In the absence of the Chairperson, the Deputy Chairperson or an alternate Chairperson to be elected by the members present, will preside over the meeting.

6.3.4 The Member Secretary shall be responsible for ensuring that:

- a) The meetings of the Committee are organized and convened on schedule;
- b) Minutes of the Committee meetings and deliberations are recorded at all times and are made available to members at least one week before the next scheduled meeting;
- c) All committee members receive adequate information and are provided with all necessary documents they will require to perform their duties effectively;
- d) Decisions on the committee's deliberations are duly and timely communicated to the affected researchers in a timely manner.

7.0 The Review Process

7.1 Application for review

7.1.1 Submissions to the NPHA HREC must be accompanied with the committee's duly completed ethics review application form.

7.1.2 The application form must be accompanied with all required documentation as described in the section on documentation.

7.2 Documentation

7.2.1 For a successful application, the applicant is required to submit the following documents to the NPHA Ethics Committee:

- i. Completed Application form;
- ii. Comprehensive Curriculum Vitae of the Principal and Co-Principal Investigator(s);
- iii. Proof that the Principal and Co-Principal Investigator(s) have had a training in bioethics not more than 2 years from the date of receipt of the application;
- iv. 4 copies of the complete study protocol;
- v. All protocol supporting documents (Questionnaire/Interview Guide/Treatment Schedule/Case report forms/etc);
- vi. Consent form and other supporting consent documents including patient information sheets/Patient Contact Script etc in a format acceptable to the NPHA HREC. A prototype consent form is available on the NPHA Website for guidance;
- vii. For Clinical Trials the following are required in addition: Clinical Trial Agreement (CTA), Pre-trial safety data, Regulatory Clearances (IND/IDE for NAFDAC regulated studies; NAFDAC registrations/clearance for use of Drug/Study agent);
- viii. Source of funding and financial requirements for the project;
- ix. Other financial issues including those related to insurance;
 - x. An agreement to report only Serious Adverse Events (SAE) to the NPHA HREC;
- xi. Statement of conflicts of interest, if any;
- xii. Agreement to comply with the relevant national and applicable international guidelines;
- xiii. A statement describing any compensation for study participation (including expenses and access to medical care) to be given to research participants; a description of the arrangements for indemnity, if applicable (in study-related injuries); a description of the arrangements for insurance coverage for research participants, if applicable; all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other HRECs or regulatory authorities for the proposed study (whether in the same location or elsewhere) and an indication of the modification(s) to the protocol made on that account. The reasons for negative decisions should be provided;
- xiv. Plans for publication of results – positive or negative- while maintaining the privacy and confidentiality of the study participants;
- xv. Any other information relevant to the study that may be required by the NPHA HREC.

7.3 Process for regular research approval

7.3.1 All prescribed application materials will be reviewed by the committee, and the Committee shall thereon consider whether to approve; to require modifications in (to secure approval); or to disapprove the proposed research.

In order for research to be approved the decision will ordinarily be arrived at by:

- a) discussion and consensus and/or;
- b) the support of a simple majority of those members present at the meeting.

7.3.2 Investigator(s) will be notified in writing of the Committee's decision to approve, disapprove or require modifications of the proposed research activity.

7.3.3 All decisions of the committee must always be communicated to the investigators not more than 2 months from the date of receipt of a valid application. An application is considered valid only after receipt of all materials required by the NPHA HREC to give a determination.

7.3.4 Where the NPHA HREC considers an application of such complexity that it cannot conclude the review, it shall:

- a) Engage the services of expert reviewers to advise the committee accordingly;
- b) Refer the application to NHREC for appropriate determination and duly inform the applicant within the stipulated 2 months.

7.3.5 In the event that a proposed research study is disapproved the NPHA HREC will:

- a) send a written notification to the applicant containing a statement of the reason(s) for the decision;
- b) give the applicant an opportunity to respond in person or in writing within 2 weeks of receipt of the notification.

7.4 Presence of Investigator/other person(s) at NPHA HREC meetings

7.4.1 NPHA HREC may, at its own discretion, invite representations from the applicant(s), sponsor(s), institution(s) or any other person(s) that it may consider relevant to provide information pertinent to the research during the review process.

7.5 Process for expedited review

7.5.1 NPHA HREC may expedite review of research in the following circumstances:

- a) Research is found to involve no more than minimal risk – meaning that the probability and magnitude of harm is no greater than that encountered in the daily lives of all (or the great majority) persons in the population (under normal circumstances) from which research participants are to be

recruited. Note that minimal risk is applicable in non-therapeutic research only;

- b) Research does not involve vulnerable populations such as children, prisoners, pregnant women etc;
- c) Research does not contain serious methodological or ethical flaws;
- d) Minor changes in previously approved research during the period for which approval is authorized.

7.5.2 The NPHA HREC Chairperson/Deputy Chairperson will conduct the expedited review. In reviewing the research, the reviewer(s) will exercise all of the authorities of NPHA HREC except that the reviewer(s) may not disapprove the research.

7.5.3 The Chairperson/Deputy Chairperson will bring all research reviewed expeditiously to the next meeting of the Committee for notice, discussion and ratification.

7.6 Process for exemption

7.6.1 The NPHA HREC may grant exemption from review where the proposed study poses no more than minimal risk to the participants and falls into one or more of the categories of exempt studies according to the NCHRE section e, sub section o, (see annex).

7.6.2 Applicants seeking exemption are required to submit the proposed research or adequate information about it to the NPHA HREC, sufficient, in the Committee's judgement, to make a determination.

7.6.3 Exemptions may be granted by the Chairperson/Deputy Chairperson, in consultation with the NPHA HREC Administrative Officer.

7.6.4 In granting exemption, the reviewer(s) shall exercise all of the authorities of the NPHA HREC except disapproval of the research.

7.6.5 Where the reviewer is uncertain and the uncertainty is unresolved after request for and provision of more information by the applicant, the proposal or summary will be tabled at the next meeting of the full NPHA HREC.

7.6.7 The Chairperson/Deputy Chairperson will bring all exempted research to the next meeting of the NPHA HREC for notice, discussion and ratification.

7.7 Process for continuing oversight of research

7.7.1 The NPHA HREC shall conduct continuing oversight of research studies it has approved at intervals it deems as being appropriate, and in relation to the degree of risk involved in participation in the research.

7.7.2 In the process, the NPHA HREC will examine all aspects and documents including consent forms, questionnaires, case report forms etc. that are related to the research and necessary for the HREC to conduct its oversight function.

7.7.3 This will be at least once a year or at least once during the lifetime of the research where the duration of the research is less than a year.

7.7.4 The NPHA HREC will observe or cause to be observed on its behalf, the research and its consent process to ensure compliance with the highest scientific and ethical standards.

7.7.8 NPHA HREC may initiate process of oversight of research in the event of receipt of complaints, information or data relevant to the research from any source.

7.8 Process for amendment of research

7.8.1 Investigators that have submitted protocols for review to the NPHA HREC may apply for permission to amend protocols in any of the following circumstances:

- a) Where there are changes in any part of the research protocol that alters the risk benefit ratio of the research;
- b) Where there are changes in the named members of the team conducting the research;
- c) Where there are changes in research sites;
- d) Where there are changes in sponsorship, institutional guidelines, institutional structure, HREC requirements, national laws or exigencies that impact on the ethical conduct of the research.

7.8.2 The NPHA HREC will require the researcher(s) to submit an application for original research approval where in its opinion, the proposed amendments are substantial, such as but not limited to, change(s) in inclusion or exclusion criteria, randomization, interventions and outcome measures.

7.9 Deviations from approved protocols

7.9.1 Under no circumstance will a researcher be allowed to deviate from approved protocol, except such as is necessary to eliminate immediate hazard to research participants. The researcher is required to notify the Chairperson/Deputy Chairperson within 24 hours of such changes.

7.9.2 In such circumstances as described in section above, the researcher is required to stop the research.

7.9.3 The NPHA HREC will conduct a thorough review of the research before authorizing suspension, continuation or modifications to the research.

8.0 *Process for suspension of research*

8.1.1 NPHA HREC may suspend a study it had previously approved where such a study is not being conducted:

- a) In accordance with HREC requirements; or
- b) In accordance with existing legislation; or
- c) In accordance with existing institutional guidelines; or
- d) Where research is associated with unexpected serious harm to participants.

8.1.2 In such a situation, the NPHA HREC will send written report of its decision to suspend the study with reason(s) to the researcher(s), institution(s), sponsor(s) and NHREC within 2 weeks from the date such a decision was made.

8.1.3 Researcher(s), institution(s) or sponsor(s) are entitled to ask for a reconsideration of the decision of the NPHA HREC to suspend research within 2 weeks of receipt of notification.

8.2 *Process for revision of suspension*

8.2.1 Applications for reconsideration of a study suspension can be made by Researcher(s), institution(s) or sponsor(s) within 2 weeks of receipt of notification of the suspension letter.

8.2.2 Such an application will be considered by the NPHA HREC at its next regular meeting and may require that the researcher sign an agreement with the NPHA HREC on its finding(s) and agreed remedial measure(s).

8.2.3 Where the NPHA HREC allows resumption of research, it will conduct closer monitoring of the study as it deems appropriate to the degree of risk of the study.

8.3 *Process for termination of research*

8.3.1 NPHA HREC may terminate a study where the researcher(s), sponsor(s) or institution(s) is unable to offer or the HREC is unable to ascertain or enforce satisfactory remediation of the initial reasons for the identified research misconduct.

8.3.2 The NPHA HREC will indicate the reason(s) for the termination of research in writing within 2 weeks to the researcher(s), institution(s), sponsor(s) and the NHREC.

8.4 *Process for review of multi-institutional research*

8.4.1 In the conduct of multi-institutional research, the NPHA HREC shall work within the stipulations of the National Code for Health Research Ethics.

8.4.2 The NPHA affiliated Principal Investigator (PI) will be required to submit the study protocol, suitably adapted to guidance for regular review of protocols by the NPHA HREC as described in this SOP.

8.4.3 The NPHA HREC may, at its own discretion, adopt the approval of research by another HREC rather than conduct a fresh review and approve the research. In doing this, the investigator will be required to submit to the NPHA HREC:

- a) A copy of the approval(s) from the other ethics committee(s);
- b) A copy of the modification(s)/amendment(s) submitted to the other ethics committee(s) prior to approval.

8.4.4 Where the NPHA HREC determination is discordant with that from the other ethics committee(s), the NPHA HREC may consult with these ethics committee for clarification.

8.5 Material Transfer Agreement

8.5.1 Where a study proposal involves the transfer of samples and biological materials such as animals, herbs and plants out of Nigeria, the Principal Investigator is required to submit to the NPHA HREC, a duly completed and signed Materials Transfer Agreement (MTA).

8.5.2 The NPHA HREC will review the MTA to ensure consistency with the stated objectives of the research.

8.5.3 Upon satisfactory review, the NPHA HREC will grant provisional approval pending the submission of the MTA to NHREC and receipt of acknowledgement from the NHREC.

8.5.4 NPHA HREC will grant final approval to research involving international transfer of Nigerian samples upon receipt of acknowledgement of MTA from NHREC.

8.6 Clinical Trial Agreement (CTA)

8.6.1 Where an NPHA affiliated investigator has a contractual agreement with a Sponsor to conduct a clinical trial, such contractual agreement requires approval by the Provost and Medical Director of NPHA.

8.6.2 The investigator will be required to submit a duly signed Clinical Trial Agreement approved by the NPHA P&MD before a final approval is given.
(see NCHRE, Section E, sub-section O for more guidance on CTA)

8.7 Offices

8.7.1 The NPHA HREC will have a properly designated office for its operations management. This office shall primarily be staffed by the administrative officer. Where available other HREC professionals including co-administrative officer(s), informed consent specialists etc. may be stationed at the HREC office.

8.7.2 The NPHA HREC shall also have adequate storage facility for record keeping. This may be either a physical record keeping facility and/or a virtual record keeping facility. In any case, all record facility(ies) shall be properly secured from access by unauthorised person(s).

8.8 Independent consultants

8.8.1 NPHA HREC may call upon subject experts as independent consultants who may provide special review of selected research protocols, if need be. These experts may be specialists in ethical or legal aspects, specific diseases or methodologies, or represent specific communities, patient groups or special interest groups e.g. Cancer patients, HIV/AIDS positive persons or ethnic minorities. They will be required to give their specialized views but will not take part in the decision making process which will be made by the members of the NPHA HREC.

8.9 Elements of review

8.9.1 In the review of study protocols, the NPHA HREC will consider the following elements amongst others to ensure the safety of research participants:

- i. Scientific validity of the study;
- ii. Appropriateness of the study design and methodology;
- iii. Approval of appropriate scientific review committees;
- iv. Assessment of predictable risks/harms;
- v. Assessment of potential benefit;
- vi. Appropriateness of procedure for selection of subjects in methodology including inclusion/ exclusion, withdrawal criteria and other issues like advertisement details;
- vii. Management of research related injuries, adverse events;
- viii. Compensation provisions;
- ix. Justification for placebo in control arm, if any;
- x. Availability of products after the study, if applicable;
- xi. Patient information sheet and informed consent form in local language;
- xii. Protection of privacy and confidentiality;
- xiii. Involvement of the community, wherever necessary;
- xiv. Plans for data analysis and reporting;
- xv. Adherence to all regulatory requirements and applicable guidelines;
- xvi. Competence of investigators, research and supporting staff;
- xvii. Facilities and infrastructure of study sites;

- xviii. Criteria for withdrawal of patients, suspending or terminating the study.

9.0 Record keeping and Archiving

9.1 The NPHA HREC shall keep records of the following either in electronic format or as hard copies:

- i. Copies of the most current versions of study protocols considered by the Committee. For approved protocols, only the approved versions will be kept by the Committee;
- ii. Copies of all protocol supporting documents (consent forms, questionnaire, CFR etc.);
- iii. Progress reports of all approved studies;
- iv. All reported SAEs;
- v. Minutes of all meetings of the Committee duly signed by the Chairperson;
- vi. Copy of all existing relevant national and international guidelines on research ethics and laws along with amendments;
- vii. Copy of all correspondence with members, researchers and other regulatory bodies;
- viii. Final report of the approved research studies.

9.1.2 For each approved research study, copies of the above mentioned documents where applicable will be kept by the NPHA HREC for a period of 10 years post study completion.

9.2 Continuing Education for HREC members

9.2.1 The NPHA HREC is committed to life-long learning and continued professional development for its members, NPHA researchers and researchers affiliated with NPHA.

9.2.2 The NPHA HREC will ensure that all its members have valid training in bioethics, which is renewable every two years.

9.2.3 The NPHA HREC will organize seminars periodically for its members and the NPHA research committee on new and emerging issues in research ethics.

9.2.4 The NPHA HREC will ensure that all relevant new guidelines are brought to the attention of its members.

9.2.5 The NPHA HREC will encourage its members to attend national and international training programs in research ethics for maintaining quality in ethical review and latest developments.

Appendix 1

Categories of Studies Exempt from Ethics Committee Oversight

Research activities in which the only involvement of human participants will be in one or more of the following categories are exempt from health research ethics committee oversight (NCHRE Section B (a) to (g)):

(a) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as:

- (1) Research on regular and special education instructional strategies, or
- (2) Research on the effectiveness of or comparison among instructional techniques, curricula, or classroom management methods.

(b) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behaviour, unless:

- (1) Information obtained is recorded in such a manner that human participants can be identified, directly or through identifiers linked to the participants; and
- (2) Any disclosure of the human participants' responses outside the research could reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation.

(c) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are *publicly available* (note that this refers to availability of data and not the status of the custodian of the information/data) or if the information is recorded by the investigator in such a manner that participants cannot be identified, directly or through identifiers linked to the participants.

(d) Studies that are meant to evaluate the outcome of procedures, programs and services are exempt because they are designed to produce information leading to improvement in delivery of procedures, programs and services. Such studies usually evaluate measures that are already in use and considered part of standard practice. They may include collection and analysis of data or collection of new data but they do not involve allocation into groups or randomisation.

(e) Studies that are designed to evaluate or assess quality of services, programs and procedures and formulate guidelines leading to their improvement are exempt. Such studies may involve the collection and analysis of some data.

(f) Innovative or non-validated medical treatment – treatment that is designed solely for the benefit of the patient but in which the ability of the treatment to result in the desired result is to some degree not proven. Such activities are exempt while recommending that they should be subjected to research in order to generate information about their efficacy as soon as possible.

(g) Clinical audit, where the study is designed and conducted solely to define or judge only current care, without reference to a standard. It may involve the

collection and analysis of data but there is no allocation to intervention groups or randomisation and the services have been delivered before the audit is initiated.