Standard Operating Procedure (SOP)

FOUNDATION FOR PROFESSIONAL DEVELOPMENT RESEARCH ETHICS COMMITTEE (FPDREC)

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AUTHORITY

The Foundation for Professional Development Research Ethics Committee (FPDREC) was established by Foundation for Professional Development (FPD) as set out in the Terms of Reference. Its authority has been conferred upon it by the Board of FPD.

The FPDREC is registered with the NHREC in accordance with the National Health Act 61/2003. Its registration number is (REC-030711-033).

The FPDREC does not generally review research studies that are longer in duration than one year review research proposals that involve drug research, biomedical research involving human tissue or studies involving animals or plants. Where appropriate the FPDREC will refer such applications to an external review committee.

All FPDREC SOPs should be read in conjunction with the contents of the National Department of Health Guidelines "South African Ethics in Health Research: Principles, Processes and Structures" Third Edition 2023.

ROLE OF THE FPDREC

The FPDREC functions as the official Research Ethics Committee of FPD. The main role of the FPDREC is to promote the conduct of ethical research in FPD. In particular, to contribute to the safeguarding the dignity, rights, safety, and wellbeing of all actual or potential research participants and communities, while taking into account the interests and needs of researchers and the integrity of FPD.

The FPDREC functions independently and is not attached to or based in a single cluster or division in FPD. The FPD Managing Director acts as the custodian of the Committee and appoints the members on recommendation of the Committee.

The FPDREC aims to ensure that:

- An ethical and scientific intellectual culture prevails among its employees and students.
- The rights and interests of human participants are protected. This is particularly important where information gathered has the potential to invade the privacy and dignity of participants, and where participants are vulnerable owing to their youth, age, poverty, disease, ignorance, or powerlessness.
- Ethical and scientific soundness of research is not compromised where lack of funding limits opportunities for research and force cost-saving procedures.

The objective of the Committee in reviewing research involving human research participants is to contribute to safeguarding the dignity, rights, safety, and well-being of all research participants and to ensure that the goals of research do not override the best interests of the research participants. The FPDREC is committed to ensuring high-quality scientific and ethical research and aims to provide independent, comprehensive, and timely review of the ethics of proposed studies. Monitoring of approved studies is conducted by requesting ongoing reporting and a final closing report.

COMPOSITION OF THE FPDREC

Membership

The Research Ethics Committees must consist of members who collectively have the qualifications and experience to review and evaluate the health aspects and ethics of proposed research. It must be independent, multi-disciplinary, multi-sectoral and pluralistic. The composition of the FPDREC must comply with the prescriptions of the Guidelines of the Department of Health "South African Ethics in Health Research Guidelines: Principles, Processes and Structures".
The FPDREC consists of at least nine (9) but not more than fifteen (15) members of which at least one member: -

- is a layperson.
- has knowledge of, and current experience in the professional care, counseling, or health-related treatment of people. Such a member might be e.g., a medical practitioner, psychologist, social worker, or nurse.
- has had professional training and is experienced in qualitative research methodologies.
- has had professional training and is experienced in quantitative research methodologies.
- has expertise in biostatistics.
- has expertise in research ethics.
- who is legally qualified.

The FPDREC should strive for proportional representation in terms of gender, race, and discipline.

Co-opted Membership

If indicated the FPDREC may co-opt persons on an *ad hoc* basis to provide the Committee with special expertise or guidance not adequately available in its regular membership, e.g., representatives of special groups or communities. The duration of their membership in the committee as co-opted members must be based on the need of the Committee for their special expertise.

If, in the view of the FPDREC, human populations will be affected by particular research, the Committee must exert efforts to include a representative of the population which will be studied. If this is not possible, the Committee must invite persons who are knowledgeable about the culture, language, history, social dynamics, and vulnerabilities of a particular population and who can speak on their behalf.

The Committee should look regularly at the renewal of its membership. The size of the Committee could be increased to accommodate new members. The portfolios of members could also be changed to allow for new and diverse perspectives in order to guard against functions to become static as this could impact decision-making processes leading to effect participants and the research community adversely.

Consideration should be given to invite students and other interested parties to attend meeting as observers with a view to join the Committee as members some time in future. Observers must declare at meetings that they will observe to confidentiality of the deliberations of the Committee.

Appointment of Members

The processes by which FPDREC members are appointed, and membership is renewed should be transparent and fair. The process should be free of partisanship that might hamper the independence of the committee. Members are appointed as individuals for their expertise, knowledge, and qualities, rather than in a representative capacity. They are not appointed as representatives of any organisation, community, or opinion.

In the case of a vacancy on the Committee, suitable candidates for members of the FPDREC, including those who do not have appointments as employees of FPD, may be proposed by members and/or the FPD Managing Director. Committee members consider the candidates' suitability for members at a committee meeting and vote for candidates they want to recommend to be appointed to the FPDREC by the Managing Director of FPD. Successful candidates have a term of office of three years with possible reappointment.

Newly elected members will be provided with a letter of appointment which will, inter alia, include details of the term of office; where to find the necessary information for new members; and the assurance that members are indemnified from personal liability against claims that may arise in the course of ordinary business of the FPDREC. Appointments to the FPDREC will allow for continuity, the development of expertise and the regular input of fresh ideas and approaches.

In order to comply with the provisions of the DOH Guidelines and to keep a balance between bringing younger and new members into the committee while not jeopardising the collective wisdom built up over time, members should not serve for more than two consecutive terms before retiring for at least one term.

Conditions of Appointment

FPDREC members should be willing to have their names and affiliations made publicly available.

Members will sign a confidentiality agreement regarding meetings, deliberations, applications, and related matters. Members will also sign a conflict of interest statement. At each meeting of the Committee members must reaffirm their confidentiality agreement and should also declare any conflict of interest at each Committee meeting.

Members must take cognisance of the contents of the Code of Conduct applicable to members and perform their duties and responsibilities according to the Code.

Training

FPDREC members must receive appropriate independent initial and continuing training relevant to their role in the Committee. In addition to general training for all members,

training courses should be adapted to individual members' needs and the specific needs of the FPDREC.

Training should lead in particular to a fair understanding of:

- Ethical principles and their application in biomedical research;
- Research design and methods;
- Practicalities of conducting research;
- Obtaining Consent and Recruiting Participants;
- Study and Resource Management;
- Information Governance (incorporating data protection and data management);
- Quality Control Systems and Quality Assurance; and
- The role of the National Health Research Ethics Council.

The acquisition of the required knowledge and skill is meant to be an interactive learning experience and learning should be facilitated by the Secretariat.

Newly appointed members must undergo formal induction training soon after their appointment. Such induction training may be provided by a suitable qualified member or facilitator assisted by the FPDREC Secretariat. Induction training will provide an opportunity for members to familiarise themselves with all the FPDREC documentation as well as national and international research ethics guidelines.

FPDREC will arrange for members to attend research ethics training courses and refresher courses at least once during a term of appointment. FPDREC will record such training as documented proof of such familiarity and training courses.

Refer to the attached SOP 'INDUCTION PROGRAMME FOR NEWLY APPOINTED MEMBERS'

OFFICE BEARERS OF THE COMMITTEE

Chairperson

The Chairperson of the FPDREC is appointed by the FPD Managing Director for a period of three (3) years. The Deputy Chairperson of the FPDREC is elected by the members from among themselves and has a term of three years. In the absence of the Chairperson, the Deputy Chairperson shall perform the role and duties of the Chairperson.

The Chairperson is the presiding officer and overall administrator of the work of the FPDREC.

The roles and responsibilities of the Chairperson are:

- To chair the meetings of the Committee.
- To ensure matters referred to the Committee are addressed, and that outcomes

and decisions are accurately recorded.

- To ensure the guidelines for the operation of the Committee are adhered to.
- To ensure research proposals are considered in an effective and timely manner.
- To provide information for briefings and other advice as indicated
- To be the signatory for ethics approval letters.
- Ensuring that the records and documents of the committee are secure and, in appropriate cases, kept confidential;
- Documenting adequately and in a timely manner all documentation of committee meetings and deliberations;
- The recording of receipts of applications, documents submitted and other transactions of the FPDREC; and
- Reporting annually to the FPD Managing Director on funds received and disbursements.

Secretariat

FPD is responsible for providing FPDREC with secretarial and administrative support through the appointment of a secretary and the provision of offices and other administrative infrastructure.

The Secretariat is responsible for:

- Preparing communications regarding the listing of each received and approved document, the frequency of continuing review, and other obligations of the investigator or researcher;
- Stamping approval and expiry date on every page of the consent form;
- Obtaining signature of chairperson;
- Keeping records and receipts;
- Organising and maintaining a registry of research proposals reviewed by the FPDREC;
- Keeping record of all research that obtained ethics clearance;
- Signing a confidentiality agreement;
- Preparing the meeting agenda and minutes, as well as distributing relevant documentation to FPDREC members a week in advance before meetings.

RESEARCH REQUIRING RESEARCH ETHICS COMMITTEE (REC) APPROVAL

Researchers may not undertake research involving humans without the prior approval of the FPDREC, if the research:-

- is undertaken on the premises of FPD or in any of its clinics or if it uses FPD facilities.
- involves FPD employees or students, in various capacities including collaborative or multi-institutional or multi-country studies, or
- is or will be funded from FPD funds or if funding for it was acquired through FPD.

MEETINGS

The FPDREC will endeavour to meet ten (10) times annually or more frequently if the need arises.

At least two (2) or three (3) meetings of the Committee will be face-to-face (physical) meetings and the rest could be virtually via video/telephone conference.

Where one of the members is absent from a meeting, the meeting will consider the member's views on a particular protocol, provided it is in writing. Such input will, however, not make up a quorum.

If indicated and to assist with the well-functioning of the Committee, it may decide to establish an EXCO to deal with matters between meetings, duly authorised by the full committee. The EXCO must consist of at least the Chairperson, Deputy Chairperson and one other member. The EXCO may deal with renewals, final approvals after receipt of further input by the investigators as requested by the Committee at a previous meeting or matters as directed by the Committee.

In general, meetings will be held on the second Tuesday of a month. A schedule of the meeting dates of the year will be available from the FPDREC Secretariat and on the FPD website.

A simple majority will constitute a quorum.

The agenda of a meeting will list the protocols, major amendments, annual status reports, other reports and responses to queries to be considered, and will be sent to the members, together with the study documents. Members must be furnished at least one week before the meeting date with all documents which will be deliberated on at the meeting.

At the discretion of the Chairperson, in consultation with the Committee members, and subject to their observing the confidentiality of the meeting, applicants may attend meetings to clarify points of issue, but will not be present and part of the decision-making.

Members shall confirm their adherence to their confidential agreements and declare any

conflict of interests with any of the items on the agenda before the start of each meeting. Members of the Secretariat shall confirm their confidential agreements before the start of the meeting.

Poor meeting attendance impacts on the quorum and can result in a meeting being cancelled. To ensure timely and efficient review of research proposals, Committee members are expected to attend meetings punctually and regularly.

FPD ACADEMIC/SCIENTIFIC REVIEW COMMITTEE

The Academic/ Scientific Review Committee established by FPD reviews research proposals for scientific soundness before the application is submitted to the FPDREC for ethics review. The FPD Academic/Scientific Committee is reviewing research proposals from the scientific merit of the proposed study allowing the FPDREC to focus on the ethics of the study. This would build towards higher standards in the proposals that are on par with acceptable scientific norms which is essential for the protection of the well-being of participants.
The Academic/Scientific Review Committee shall consist of at least two reviewers who are experts in the field of scientific research. The scientific reviews are conducted according to a set review form. The scientific reviewers need to approve any changes requested or recommended by them before the application is submitted for ethics review to the Committee. **Refer to the attached SOP 'ACADEMIC / SCIENTIFIC REVIEW'**

PROCEDURE FOR ETHICS REVIEW

The FPDREC should consider the following issues when reviewing a proposal for a research study:

- The scientific relevance of the study.
- The suitability of the investigator(s) for the proposed study in terms of his/her availability, qualifications, experience, supporting staff and available facilities.
- The relevance of the study rationale and the appropriateness of the inclusion / exclusion criteria to the South African context.
- The suitability of the study application in relation to the objectives of the study, i.e. the potential for reaching sound conclusions with the smallest possible exposure to risk of participants, and the justification of predictable risks and inconveniences weighed against the anticipated benefits for the participants and/or others.
- The suitability of the study population, whether they constitute a vulnerable group, if so whether justified and whether sufficient measures to protect their interest are in place.

- If applicable, the number of participants to be recruited is adequate to demonstrate the predicted effect.

- The risk-benefit analysis takes full cognisance of benefits and harms beyond the life of the study itself, particularly in relation to chronic life-threatening conditions.

- That by their participation in a study the participants or other persons in the establishment or clinical centre are not denied timely access to medical personnel, investigations, equipment, or procedures.

- The means by which initial recruitment is to be conducted and by which full information is to be given and informed consent is to be obtained. All written information for the participant and/or legal representative must be submitted in its final form.

- The adequacy and completeness of the written information to be given to the participants, their relatives, guardians, and legal representatives, if necessary.

Protocol applications for approval must be submitted in English electronically to the FPDREC Secretariat fifteen (15) working days before a meeting date and must contain the following:

- The Complete research proposal. The proposal which is submitted for scientific or technical review must be the same as that submitted for ethics review. A statement of the ethics considerations involved in the proposed research must be included. The Committee must be satisfied that the research protocol gives adequate consideration to participants' welfare, rights, beliefs, values, customs and cultural heritage. A clear community engagement plan outlining how stakeholders and community members will be consulted and involved in the research lifecycle process. It is recommended that researchers follow the SA Community Advisory Board guidelines. The process of obtaining informed consent and assessing understanding of the consent information should be included in the protocol. Special attention should be paid to participants' understanding and appreciation of the information provided prior to making decisions to join the research.

- Completed application for review form containing the following:

    - Researchers' names, affiliations, addresses and contact numbers
    - Organisation(s) or institution(s) involved in the study
    - Sponsors or funders
    - A summary, synopsis, or diagrammatic representation (flowchart) of the protocol.
    - Other pertinent information such as conflict of interests. There is conflict of interest when the researcher has an interest in the research that may jeopardise his/her ability to undertake the research in a scientific and ethical

manner.

- Documents related to the proposal must include the following:
    - Participant recruitment procedures, educational material (e.g., advertisements) and any other written information to be provided to participants.
    - Description of the process for obtaining informed consent.
    - Written Informed Consent Form in English and in the language of the potential participant.
    - Written version of the Verbal Informed Consent Form (if applicable). The language should be understandable to a lay person.
    - A list of site details, including the site address and names of the PI, sub-investigators, study coordinators and all other research team members.
    - Description and/or amounts of compensation including reimbursements, gifts, or services to be provided to participants (if applicable). This includes any refreshments, tokens of appreciation, or incentives for retention. The NHREC document on reimbursement should be used as a guideline; it is available at: http://www.nhrec.org.za/index.php/grids-preview
    - Description for arrangement for indemnity (if applicable)
    - Description of any financial costs to participants (if applicable)
    - Description of provision of insurance coverage to participants and a copy of the insurance certificate covering the protocol (if applicable)
    - Description of steps to be undertaken in case of an adverse event or when injury or harm is experienced by the participants attributable to their participation in the study.
    - Statement agreeing to comply with ethical principles set out in the FPDREC SOP's.
    - Disclosure of any previous ethics review action by other ethics review bodies (if applicable)
    - Research instruments such as questionnaires, interview guides, diary cards, computer-based surveys intended for research participants and similar documents.
    - Research budget and details of other financial agreements with investigators signed and dated.

- Project agreement (e.g., MOA)
- Principal Investigator's and Co-/Sub-investigator's current Curricula Vitae
- Letter(s) of permission from relevant bodies (if applicable)

The Secretariat will screen the application for completeness and ensure that the correct documentation accompanies the application. Applications with incomplete or incorrect documents must be returned no later than one week after receipt of the application by the Secretariat. Inadequacies in the application must be clearly identified in the communication to researchers.

If an approved study is not initiated for whatever reason, the Committee must be informed forthwith.

RISK DETERMINATION

INTRODUCTION

The National Health Research Council (NHREC) recommended that a Standard Operating Procedure (SOP) on risk assessment be developed to enable a more consistent determination of risk. All reviewers and researchers should have access to the SOP's and assessment guidelines and apply these to all studies under review.

FPDREC REVIEW APPROACH

When reviewing a study FPDREC reviewers must consider the probability of harm occurring and the type of harm that can occur such as psychological, physical, legal, social, and/or economic harm.

Although studies that are identified as "negligible or minimal risk" could be granted exemption from ethics review, all studies submitted to the FPDREC shall be considered and reviewed by the full Committee. When satisfied that a study requires minimal changes required by the PI before being granted approval, the Committee may task the EXCO of the Committee to finally approve the study after amendments have been submitted.
According to the USA federal regulations (CFR 45), when an Ethics Committee reviews a protocol, it is required to:

- Determine the category of risk of the study. If the study is not minimal risk, it should be analysed to determine if the study minimises the risks according to good scientific practice;
- The benefits versus the risks of the study should also be weighed;
- In addition, a Committee should evaluate the study's recruitment and procedure; and,
- Data procedures to make sure that confidentiality is protected and the data are properly stored.

- All of these elements combined can give the Committee a summary of the level of risk in a study.

RISK DETERMINATION

The FPDREC would generally review studies categorised as minimal or low risk and medium risk but not studies categorised as high-risk research. The FPDREC SOP states that research can be classified on the basis of the degree of risk, viz.: -

- Minimal risk - Research involving negligible or minimal risk
- Low risk - Research involving greater than minimal risk, but presenting the prospect of direct benefit to participants
- Medium risk - Research involving a minor increase in minimum risk and presenting no prospect of direct benefit to participants
- High risk - Research that does not fit the above categories

Risk determination assesses the threats and vulnerabilities that need to be considered and the likelihood that known threat sources could exploit identified vulnerabilities causing one or more adverse events and the consequences thereof if such events occur.

According to the South African Medical Association Research Ethics Committee (SAMAREC) a risk is a potential harm (injury) associated with research that a reasonable person would be likely to consider significant in deciding whether or not to participate in the research. The concept of risk includes discomfort, burden, or inconvenience that a participant may experience as a result of the research procedures. Underlying the consideration of risk is the implicit moral guideline that researchers have a duty not to harm participants and must minimise potential risk to the greatest extent possible.

RISK CATEGORIES

Minimal or negligible risk is defined as a project in which there is no foreseeable risk of discomfort or harm and if there is any foreseeable risk, it will not be of more than discomfort or inconvenience. Such risk to subjects means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical and psychological examinations or tests and that confidentiality is adequately protected.

The following are examples given for minimal or negligible risk: filling in a form; giving up time; research involving the analysis of existing statistics, literature and documents and information in the public domain. It could include the collection of urine, collection of sweat, weighing, pulse measurement, blood pressure measurement, voice recordings, electrocardiography, collection of blood by venipuncture, skin fold body composition measurements, and any standard psychological testing without any stress.

Low risk research involves studies of a social setting, a network or a set of activities that are not controversial and involve ethnographic methods (participant observation and

interviews). Such research would be standard socio-economic surveying and interviewing where standard protocols are in place.

Medium risk studies are studies of vulnerable social categories, e.g., relationships between children and adults as experienced by both these categories. Medium risk research is research in which there is an increased potential for emotional or psychological discomfort such as controversial topics being researched. Studies relating to HIV and sexual conduct could be examples of medium risk research studies. Studies involving vulnerable groups could also be regarded as medium-risk studies.

The United States of America (USA) Federal Regulations define minimal risk, as "The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests". Examples of a "greater than minimal risk" procedure include the administration of drugs, intravenous (IV) catheterisation, radiology examinations (X-ray, MRI, CT scan), maximal exercise testing and stressful psychological testing. Examples of "significant risk" procedures include chemotherapy, radiation therapy and major surgery.

High risk research could generally include vulnerable groups on highly sensitive topics and studies of criminal activities such as sexual abuse, rape and drug abuse. It is research in which there is a foreseeable risk of emotional or psychological discomfort or harm if not managed in a responsible manner and could involve intimate details of vulnerable participants. Studies where the knowledge gained involves intimate or secretive aspects could also be regarded as high-risk research.

TYPES OF RISK

While all research involving human subjects should be approved by the FPDREC and subjected to scrutiny, research involving reviews of administrative records which contain names of people may require a lower level of scrutiny, while research involving solely aggregated data and literature reviews needs the lowest scrutiny. Special attention should be given to evaluating the risks of participants in relation to benefits and to protecting the welfare of participants that can be classified as vulnerable groups. All participants and research staff have the right to expect protection from physical, psychological, social, legal and economic harm at all times during the research.

Physical risk could be physical discomfort such as pain, bruising, injury, adverse reactions to drugs and muscle soreness.

Psychological risk is associated with depression, stress, anxiety, fear, embarrassment, guilt and confusion particularly when participating in a sensitive survey.

Social risk relates to invasion of privacy, embarrassment and loss of community standing and respect.

Legal risk could be the compromising of health and medical benefits, risk of criminal prosecution or civil liability when research methods reveal that the participant has engaged in criminal or other legal liability conduct.

Economic risk refers to loss of employment, loss of potential monetary gain and cost to the participant.

BENEFIT

The SAMAREC SOP requires a review of potential benefits before an ethics review of the research. It states that "A benefit is a valued or desired outcome. Benefits associated with participation in research can be classified generally as those that accrue to the participant directly e.g., improvement of the participant's health status; acquisition by the participant of knowledge considered of value."

According to the SOP once the potential risks and benefits are identified, an ethics review of research requires an examination of the relationship of the risks to the benefits. Risks and benefits cannot be considered parallel constructs and, therefore, no formula is applicable. The various ethical codes and regulations, however, require a favourable balance between harm and benefit. **Refer to the attached SOP 'Risk Determination'.**

COMPLIANCE WITH APPLICABLE LAWS, PRINCIPLES AND GUIDELINES

The FPDREC, in granting its approval is in compliance with, and must be satisfied that the protocol conforms to the spirit of the following guidelines:

- The World Medical Association Declaration of Helsinki, 2013
- South African Constitution, 1996 (Act No.108 of 1996)
- National Health Act, 2003 (Act 61 of 2003) and Regulations published in terms of the Act.
- National Environmental Management: Biodiversity Act, Act 10 of 2004.
- Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019.
- Protected Disclosures Act 26 of 2000
- Protection of Personal Information Act 4 of 2013
- Department of Health: South African Ethics in Health Research Guidelines: Principles, Processes and Structures
- Third Edition, 2023
- Guidelines for Good Practice in the Conduct of Clinical Trials in Human Participants in South Africa, 2006
- Operating Guidelines: Ministerial Consent for Non-therapeutic Health Research with Minors, 2015

- ICH GCP Guidelines E6(R2) 2016
- The Belmont Report,
- The Guidelines on research published by the SA Medical Research Council.
- International ethical guidelines for health-related research involving humans, CIOMS & WHO, 2016
- The Singapore Statement on Research Integrity HYPERLINK "http://www.singaporestatement.org/"www.singaporestatement.org
- The Global Code of Conduct for Research in Resource-Poor Settings (2019) http://www.globalcodeofconduct.org
- The SAN Code of Research Ethics (2017) https://www.globalcodeofconduct.org/affiliated-codes/
- The Declaration of Taipei on Ethical Considerations Regarding Health Databases and Biobanks, adopted by the 53rd WMA General Assembly Washington DC, USA October 2002 and revised in October 2016 https://www.wma.net/policies-post/wma-declaration-of-taipei-on-ethical-considerations-regarding-health-databases-and-biobanks/
- The Hong Kong Principles for assessing researchers to enhance research integrity (2019) https://www.wcrif.org/guidance/hong-kong-principles
- The Rooibos Benefit Sharing Agreement (2019) https://www.cambridge.org/core/journals/cambridge-quarterly-of-healthcare-ethics/article/rooibos-benefit-sharing-agreementbreaking-new-ground-with-respect-honesty-fairness-and-care/BBCDC539CECC36F1BA946AE7A5F27445
- Guidelines for Human Specimen Storage, Tracking, Sharing, and Disposal within the NIH Intramural Research Program https://oir.nih.gov/system/files/media/file/2021-11/guidelines-biospecimen.pdf

STEPS FOR REVIEWING PROPOSALS

Academic/Scientific review

Research proposals will be submitted to the FPD Academic/Scientific Review Committee to review them for scientific soundness before the proposals are submitted for ethics review by the Committee. The scientific reviews are conducted according to a set review form. The FPD Academic/Scientific Review Committee has to approve any changes requested or recommended by it before an application is submitted to the Committee for ethics review.

Protocols will not be considered for ethics review in the event that it has not passed the scientific review process.

Ethics review

After the proposal has been approved by the FPD Academic/Scientific Review Committee it will be submitted to the FPDREC to consider all aspects of the protocol. The Committee must be satisfied that the research conforms to the following criteria: collaborative partnership, social value, scientific validity, fair selection of study population, favourable risk-benefit ratio, informed consent, respect for recruited participants and study communities, and research translation. There must be justice and beneficence for the participants in all research projects.

After members have reviewed the proposal and related documents, they make a summary of the proposal and documents using the Assessment Form/Checklist.

Members then write their decision on the appropriate page of the Assessment Form/Checklist. If the decision is 'disapprove' they must write the reasons for the disapproval. If the decision is "modify" the items for revision must be clearly indicated in the Assessment Form/Checklist.

Reviewers should as far as possible provide researchers with suggestions for meeting the ethical requirements for the research, especially if the research is deemed to be significantly beneficial to society or has strong social justice merits. However, the justice merit of the research cannot on its own be used to approve an ethically defective proposal.

The members' views are considered at the meeting concerned and a decision reached as set out below.

The Chairperson may also allocate one protocol for comprehensive review to at least two members of the Committee with requisite experience. These members will present their findings to the Committee. All members will be required to familiarise themselves with the synopsis and the consent forms for all protocols. Notwithstanding the above, all Committee members will participate on an equal basis in a democratic and open deliberation process regarding the science of the protocol, the risks and benefits, the value of the research, fairness in participant selection, the informed consent document, and any other ethical issues.

Any member of the Committee can request the Chairperson to invite the investigators and/or funders to attend meetings to elaborate on or explain certain aspects of the proposal. Such requests must be made before the meeting concerned.

Proposals requiring minor amendments may be approved outside the meeting by an EXCO and noted/ratified at the next meeting. Proposals requiring major amendments will need to be resubmitted to the full Committee. Rejected submissions may be re-submitted for fresh review by the full Committee.

No recruitment, screening or enrolment on a study may take place before the Committee issues its written approval. This includes written approval for amendments and renewals.

The Committee will not grant retrospective ethics approval for completed research, or for research

submitted to another research ethics committee for review.

VOTING

When a vote is required to arrive at a decision, a simple majority of members present suffices. However, any dissenting opinion must be adequately recorded and kept.

All regular and co-opted members are entitled to vote. Each member has one vote.

The Chairperson votes only when there is a tie.

Members who have not reviewed the application cannot vote on that application.

POSSIBLE DECISIONS

The FPDREC can make any of the following decisions on applications:

- Approve: The proposed research is approved in its current form, with no changes required or with minor alterations. The date of approval is considered the date that all conditions were determined to be met.

- Require modifications: The proposed research has no major ethical concerns, but a number of clarifications or methodological changes are required. The research applicant must resubmit the revised research application. The review can be finalised by an expedited review process, i.e., without having to serve before the full Committee again.

- Request further information or clarification: The proposed research has some methodological and/or ethical concerns and requires clarification and/or further information before the Committee can consider further. The research applicant must submit clarification and/or information as requested. The research application, together with the clarification will be reconsidered at a convened (full) Committee meeting.

- Disapprove, with reasons: The proposed research has major methodological and/or ethical concerns and requires considerable revision. The research applicant must resubmit the revised research application. The revised research application will be reconsidered at a convened (full) Committee meeting.

- Reject: The proposed research may not be resubmitted.

Decisions are recorded in writing and will include reasons for rejection.

TIMELY DECISIONS

To ensure complete and correctly accomplished applications the FPDREC must communicate to applicant(s) its action or decisions within one (1) week after the meeting where the application was decided on.

If the decision is negative or if revisions are required, the reasons for the decision must be clearly stated.

CONFLICT OF INTEREST

Members who have an interest in any of the studies under review must declare such interest at the meeting concerned. Each member must be given the opportunity at each meeting to declare any conflict of interest.

A conflict of interest exists where there is a divergence between the individual interests of a person and their professional responsibilities such that an independent observer might reasonably conclude that the professional actions of that person are unduly influenced by their own interests.

Conflicts of interest in the research area are common and it is important that they are disclosed and dealt with properly. Conflicts of interest have the potential to compromise judgments and decisions that should be made impartially. Conflicts of interest may arise, for instance, when the reviewer has financial ties to the project. Financial conflicts of interest are foremost in the public mind but other conflicts of interest also occur in research, including personal, professional and institutional advantages.

The perception that a conflict of interest exists is also a serious matter and raises concerns about the integrity of members or the management practices of the Committee.

There is conflict of interest when a reviewer has an interest relative to a specific application for review and such interest can compromise his/her ability to make a free and independent evaluation.

Only members without conflict of interest with the research under review may participate in the deliberations and vote. However, members who have a conflict of interest with the research under review may attend the meeting concerned with the approval of the Committee to answer questions or to elaborate on the protocol, if indicated, but may not participate in the final deliberations or vote.

EXPEDITED REVIEW

Well-motivated requests to the Chairperson for expedited review of a protocol is possible where proposals pose no significant risks, need only minor revisions after previous conditional approval or amendments that are urgent. In such a case the EXCO may finalise the review.

A new research application may be considered suitable for minimal risk, and thus qualify for expedited review, if the risk level of the proposed research meets the criteria outlined in the following definition:

- Minimal risk research: the probability and magnitude of harm or discomfort anticipated in the research, is not greater, in and of itself, than that ordinarily encountered in daily life, or during the performance of routine physical or psychological examinations or tests.

Minor amendments are those that do not change the risk benefit profile of the study in any way. Examples of typical minor amendments:

- Additional Investigators or study sites
- Small changes in the consent process
- Change in background information or update of literature review.
- Extension of period of study, provided the study length does not exceed one year unless well motivated.
- Other changes that do not affect study design and will not affect study outcomes or results.
- Administrative changes
- Stricter inclusion or exclusion criteria.

Major amendments require a change(s) to the study methodology or procedure that may result in an alteration of the risk benefit profile of the study. Examples include:

- Change in study aims, objectives or design.
- Resulting changes to consent documents
- Additional study procedures
- Easing of inclusion or exclusion criteria
- Extension of period of study to exceed one year with motivation.

If the EXCO reaches a consensus decision, the matter will be finalised and the decision ratified by the full Committee during the next meeting. If a consensus cannot be reached the proposal must be given a full review by the Committee. The applicant must be informed about the situation.

Administrative changes that will have no impact on the study may be approved by the Chairperson and the Secretariat. The timeframe for the expedited review should occur in no more than ten (10) working days from receipt of the request.

PRINCIPAL INVESTIGATOR (PI) AND CO-PRINCIPAL INVESTIGATOR (CO-PI)

Communication between the FPDREC and the investigators should be directed through the Principal Investigator (PI). The PI is, inter alia, responsible for the following:

- Complying with the SA and ICH GCP guidelines;
- Submitting an application for consideration to the FPDREC
- The scientific and ethics aspects of the study; and
- Communication with the FPDREC.

Once a study is in progress, all reports of adverse events and management issues dealt with

by the investigators or sponsors should be transmitted to the Committee, ideally through the PI or Co-PI, who should be fully informed of these issues.

PI's must inform the Committee of the number of projects in which they are involved, and the percentage time spent on each with every new submission to the FPDREC.

VULNERABILITY AND RISKS

The Committee may impose additional measures to protect the welfare of participants, especially with regard to informed consent. The Committee may make it mandatory to conduct post-research investigations to review whether there was compliance with the additional measures imposed. If compliance was defective, the Committee may suspend or withdraw approval for the research investigation concerned.

While all research involving human subjects should be approved by the FPDREC and subjected to scrutiny, research involving reviews of administrative records which contain names of people may require a lower level of scrutiny, while research involving solely aggregated data and literature reviews needs the lowest scrutiny (if any).

It is the duty of reviewers to identify whether or not the research will involve vulnerable persons or groups and to ensure that adequate protective measures are provided for.

Special attention should be given to evaluating the risks of participants in relation to benefits and to protecting the welfare of certain classes of participants.

Vulnerable groups are defined as:

- Minors (persons under the age of 18)
- Women in general and pregnant women in particular
- Adults with factual incapacity to provide informed consent e.g. persons with intellectual or mental impairment
- Persons in dependent relationships
- Persons highly dependent on medical care
- Persons with physical disabilities such as visual, auditory or mobility impairments
- Inmates (called offenders when convicted) Persons participating in research as groups (referred to as collectivities)
- Elderly persons
- Indigent persons
- Collectivities

Persons in dependant relationships include persons in junior or subordinate positions in hierarchically structured groups and may include relationships between elderly persons and their caregivers; persons with chronic conditions or disabilities and their caregivers; persons with life-threatening illnesses; patients and health care professionals; wards of state and

guardians; students and teachers (including university teachers); employees and employers, including farm workers, members of the uniformed services and hospital staff and their respective employers.
'Collectivity' is a term used to distinguish some distinct groups from informal communities, commercial or social groups. Collectivities are persons who participate in research in groups distinguished by:

- common beliefs, values, social structures, and other features that identify them as a separate group.
- customary collective decision-making according to tradition and beliefs
- the custom that leaders express a collective view.
- members of the collectivity being aware of common activities and common interests.

Research involves a collectivity when:

- property or information private to the group as a whole is studied or used.
- permission of people occupying positions of authority, whether formal or informal, is required.
- participation of members acknowledged as representatives is involved.

In addition, the Committee has the duty to ensure that adequate protection is provided for elderly or aged participants, pregnant women, minorities, students, employees and proposed participants whose first language is not English.

NON-THERAPEUTIC RESEARCH ON MINORS

Research results that can be obtained if carried out on adults should never be done with children. Children should participate only when their participation is indispensable to the research. The protection and best interests of children are of prime importance.

The DOH Guidelines state that in special circumstances, e.g., for reasons of sensitivity, like discussion about sexual activities, substance, or other forms of abuse etc., it may be desirable and ethically justifiable for children and adolescents (especially older adolescents i.e., 16 years and older) to choose independently i.e., without parental assistance, whether to participate in research. The Guidelines emphasise that generally, only minimal risk research is suitable for independent consent. Reasons supporting the desirability of independent consent may include being able to recruit enough minors who otherwise would be unwilling to participate if they must tell their parents about the nature of the research to obtain parental permission.

Therapeutic research on a minor may be conducted only if it is in the best interests of the child, and if the assent of the child (if he or she is capable of understanding) as well as the consent of his or her parent or guardian, has been obtained.
The consent process for a minor's participation in research requires, therefore, the following:

- Permission in writing from parents or legal guardian for the minor to be approached and invited to participate (in accordance with section 10 of the Children's Act 38 of 2005)

- Assent from the minor in writing (i.e., agreement to participate) if they choose to participate.

Non-therapeutic research may only be conducted on a minor with the consent of the following persons: the Minister, the parent or guardian of the child, and the child if he or she is capable of understanding. The Minister may not give consent if the research or experimentation poses a significant risk to the health of the child.

In terms of Section 71(3) (a) (ii) of the National Health Act (NHA) the consent to 'non-therapeutic' health research with minors by the Minister of Health is required, but only after considering whether the following four criteria are met:

- in such manner and on such conditions as may be prescribed;
- with the consent of the Minister;
- with the consent of the parent or guardian of the minor; and
- if the minor is capable of understanding, the consent of the minor.

The Minister may delegate authority, in terms of section 92(a) of the Act, to any person in the employ of the state, a council, board or committee established in terms of the Act to give this consent on behalf of the Minister.

To provide guidance to health Research Ethics Committees (REC's) and researchers regarding Ministerial Consent for non-therapeutic health research with minors, Operational Guidelines have been published by the National Department of Health in 2015. A copy of the Operating Guidelines is attached to this SOP for ease of reference for researchers.

Regulations for research with human participants, published on 19 September 2014 (R 719) contain Form A that sets out the four criteria mentioned above to be met for the additional review of 'non-therapeutic' health research with minors. Proper use of Form A should provide adequate evidence that these reviews are performed appropriately.

The Guidelines provide that RECs with delegated authority to grant Ministerial Consent must draw to the attention of researchers the following requirements:

- That researchers must consider carefully whether their planned research involving minors holds out the prospect of direct benefit to participants ('therapeutic research'); or whether it holds out no prospect of direct benefit to participants but holds out the prospect of generalizable knowledge ('non-therapeutic research').

- That 'non-therapeutic' research must meet the four criteria mentioned above to be eligible for Ministerial Consent.

- That the ethics application for 'non-therapeutic' health research with minors must include Form A completed appropriately.

- That where the REC judges that the research involves 'non-therapeutic' health research with minors, this view will be communicated to the researcher with a request to complete Form A accordingly.

- That the content supplied in Form A should draw on relevant sections of the protocol or ethics application, for example, the sections that deal with the scientific justification for enrolling minors; how knowledge will be advanced by enrolling minors; the benefits to society in terms of knowledge gained by enrolling minors; and the potential risks to enrolled minors and risk minimization.

- That the outcome (whether consent for non-therapeutic health research with minors is granted) will be communicated by the REC, as part of the overall feedback about the application.

- That 'therapeutic' health research with minors does not require this additional review but is reviewed in the usual way to ensure norms and standards are met.

The FPDRECs would only grant Ministerial Consent after review of the application leads to the decision to grant ethics approval, and the careful review of Form A satisfies the Committee that the four criteria have been met.

Specific records of applications, and the outcomes, will be kept by the Committee and reported on. A traceable link to each application will be maintained.

Research involving children must respect their evolving capacity to give consent. Minors who turn 18 years old during the course of a study should be approached at the time of their birthday to re-consent.

Researchers must also familiarise themselves with the legal obligations to report child abuse and neglect.

PARTICIPANT INFORMATION AND INFORMED CONSENT REQUIREMENTS

Complete participant information and informed consent documents must be submitted for each protocol. If applicable, consent and assent documentation for minors (children under the age of eighteen (18) years who are seven (7) years and older) should be submitted. **The Information Sheet and Informed Consent template developed by the FPDREC should be used.**

The South African Ethics in Health Research: Principles, Structures and Processes Guidelines of the National Department of Health stipulates as follows where vulnerable participants are concerned:

Vulnerability may be caused by limited decision-making capacity, or limited access to social goods, such as health care, education, or social support. Individuals or groups may experience vulnerability to different degrees and at different times, depending on prevailing

circumstances. Vulnerability is assigned to minors (persons <18 years) by the law to protect them from their lack of experience and knowledge. It is expected that life changing decisions are made with the knowledge and assistance of their parents or guardians.
Persons may be factually incapable or less capable of understanding information and processing it to reach a decision about whether to participate in research. For example, this may occur because of brain damage or the effect of the aging process.
It is important to note the difference between legal incapacity and factual incapacity. No person may claim that, because a minor is factually capable, their legal incapacity should be waived. Legal incapacity prevails notwithstanding the existence of factual capacity.
On the other hand, no adult may be assumed to be incapable unless incapacity is established factually. Consequently, mental incapacity must be established by a factual assessment of the individual's abilities to understand and to communicate that understanding.

In South Africa, researchers must be particularly aware of the vulnerability of prospective participants in terms of access to health services and education levels. Research details must be provided in a clear, simple, and culturally appropriate manner. If a participant lacks capacity to exercise an informed choice to participate, an appropriate person to make the choice for them must be identified by the investigator. A participant is free at any time to withdraw consent to further involvement in the research, without having to face any unfair negative consequence or disadvantage.

The following essential elements must be understood and appreciated before a participant is capable of giving informed consent:

- That consent is being given to participate in research.
- The purpose of the research.
- The expected duration of the participant's involvement.
- A description of the procedures to which the participant will be subjected, including any experimental procedures that are innovative and have not been used in medical practice.

The informed consent document should be written in clear and understandable language and prospective participants should be helped to arrive at an informed decision by, for instance, the use of appropriate language, selection of a non-threatening environment for interaction, and the availability of peer counseling.

Participants may find information about the following points useful:

- The investigators' qualifications.
- Explanation of participants' responsibilities.
- Description of foreseeable risks or discomforts.
- Description of benefits to the participants or to others, both during and after the research.
- Disclosure of alternative procedures or courses of treatment.

- Description of the extent to which confidentiality will be maintained.
- Statement that sponsors of the study may be able to inspect research records.
- Statement that the research has been approved by an accredited research ethics committee.
- Contact details of research ethics committee representatives.
- Explanation regarding compensation for research-related injuries.
- Explanation regarding the consequences of injury, including medical treatments.
- Explanation of who to contact in the event of research-related injury.
- Statement that participants' data may be added to a big database of journals/funders/researchers/sponsors. Participants may decline consent to data sharing.
- Statement on benefit sharing

Investigators must assure potential participants that participation is voluntary, and that refusal to participate, or a decision to discontinue participation, will not involve any form of penalty. The approximate number of participants should be disclosed. The nature of experimental and control groups must be explained, as well as circumstances that might lead to the termination of participation. Unforeseeable risks obviously cannot be anticipated, but participants must be informed of the nature and extent of risks – including financial risks – attendant on participation. Participants must be made aware of their right to be informed of relevant new findings, and of the consequences of their withdrawal from research. They should know, too, whether the investigator might terminate participation.
Educational materials should be developed where possible. The above points may be regarded as essential elements of informed consent, and all should be incorporated in an informed consent form or document. Informed consent is a vital requirement in ethical conduct of research and is valid only when it is obtained without deceit or misrepresentation. The informed consent requirements are not intended to pre-empt the laws of the country, which may require that additional information be provided to participants.

In particular the Committee requires the following information on the informed consent process with each new application:

- A description of the process for obtaining informed consent, including the process for ascertaining understanding and appreciation of the information provided. The adequacy, completeness, and understandability of written and oral information to be given to the research participants, and when appropriate, the legally acceptable representatives of proposed participants. Clear justification for the intention to include in the research individuals who cannot consent, and a full account of the arrangements for obtaining consent for such individuals.

- Assurances that research participants will receive information that becomes available during the course of the research relevant to their participation.

- The provisions made for receiving and responding to queries and complaints from research participants or their representatives during the course of a research project.

- In all instances verbal and written informed consent, and assent in the case of minor participants, should be obtained.

- Verbal consent, where the participant is illiterate, should be obtained in the presence of and countersigned by a literate, independent witness confirming that all the relevant information was provided to the research participant in an understandable manner. The participant must put her/his thumbprint on the document as evidence that s/he consents to the study.

- For minor participants under the age of 18 years, consent from the parent or legal guardian must be sought.

- In addition to the consent of the parent or legal guardian, assent must also be obtained from the minor participant if the minor is capable of understanding. Maturity, psychological state of mind and age should be taken into account. Special care should be taken to create an informed consent document that will be understandable to minors. Where a minor is not competent to consent, assent from the minor may be obtained. However, in all such cases, the protocol must provide sufficient information outlining the steps that will be taken to obtain the child's assent and how it will be documented.

- Following approval of original English versions, all translations with authenticity certificates (or other method used to confirm accuracy) must be submitted to the Committee for information and filing.

- Information regarding the insurance for the study should be included if applicable.

PROTOCOL AMENDMENTS

An amendment to a protocol is a change that is administrative in nature or has an impact on the safety or integrity of the participants, alters scientific value of the research or interpretation of the results, affects validity of data, the design of the study, planned statistical analyses or significantly alters other aspects of the research. The nature and examples of minor and major amendments are discussed above.
Protocol amendments received will be tabled as part of the agenda at the next Committee meeting for review by the full Committee unless the amendments are of such a nature that the EXCO can review them.

Administrative amendments may be approved by the Committee Secretariat in consultation with the Chairperson.

The following documentation should be submitted to the Committee at least fifteen (15) working days before the next meeting:

- Cover letter explaining the nature of and reason for the amendment.

- Application form that includes a justification for each amendment
- Revised protocol with tracked changes
- Revised informed consent document with tracked changes.
- Any other relevant material that was revised with the amendment.

ADVERTISEMENTS

The content of any advertisements or public notices which will be used to recruit participants to a study must be submitted to the Committee for review and approval and should comply with the following guidelines:

- The advertisement should be in line with the NHREC template for advertisements.
- The advertisement may be published in any medium, printed or electronic, including the internet and television, provided all the rules pertaining to advertisements as laid down in this document are adhered to.
- There are no limitations on the size or number of times a notice may be published.
- Purpose of the research and a summary of eligibility criteria.
- Straightforward and truthful description of the benefits to the subject, if any.
- Direct mailing of advertisements is permissible.
- Bulk distribution is not permissible.
- Advertisements may be made available for issue individually to existing patients at the rooms of health care professionals and also at local information centres.
- That the study protects participants' rights to privacy.

ONGOING MONITORING AND REVIEW

The FPDREC evaluates ongoing research that it has previously approved.

Six monthly status reports should be submitted to the Committee by the Principal Investigator (PI) in writing. Status reports must be completed per site and must be signed and dated by the Principal Investigator. The status report should include the following information:

- The number of participants entered per site.
- Any changes in the research design including methodology. Any envisaged change in the study design or methodology that has potential or actual ethical repercussions must first be approved by the FPDREC.
- A terminal report describing the actual procedures for taking informed consent and any other ethics-related procedures, including the steps taken to ensure that participants are informed of the findings and consulted on how the findings can

benefit them or others.

- The number of withdrawals and the reason for the withdrawals per site
- Any relevant new information
- All relevant line listings
- Community engagement outcomes
- Reports of any adverse event, including a detailed description of the event, measures taken to address it and the outcomes. This report must be submitted as soon as possible, but not later than two weeks after the occurrence of the event.
- Report of any ethical problems encountered including a description of how these were addressed. This report must be submitted every two months after commencement of the research.

Failure to submit status or progress reports or applications for renewal will lead to deregistration of the study.

It is the duty of researchers to inform the FPDREC in writing as soon as possible in the case of premature termination of the study. The information should include an explanation for the premature termination, including an explanation of measures taken to protect the participants against any adverse effects of the premature termination. All terminations of approved research projects will be documented and recorded.

In conducting continuing review, all members will receive and review a protocol summary and a status report on the progress of the research at the sites approved by the Committee.

At the end of the study a final close-out report must be submitted for each site.

The Committee generally does not evaluate high risk studies, but should high-risk studies be submitted for review, the Committee will conduct active monitoring in addition to the ongoing passive monitoring. **Refer to the attached SOP 'ACTIVE MONITORING OF HIGH-RISK STUDIES'**

RE-SUBMISSIONS

Major deficiencies will usually result in a refusal to approve the protocol or amendment. A new submission will have to be made.

Minor deficiencies in the submission of a protocol or an amendment will result in conditional approval with a request for changes or additional information.

REVIEW FEES

A standard review fee, the amount to be set by FPD, may be charged for exclusively external research or research which is externally funded. The fee is payable upon submission of the proposal for review. The fee structure is determined by the Committee in consultation with the Managing Director of FPD from time to time. Monies thus collected may be spent

on the operation of the FPDREC.

RECORDING AND ARCHIVING OF DECISIONS

The FPDREC will maintain a record of all research protocols received and reviewed. The Committee will retain on file a copy of each research protocol and application submitted for approval. The file will include information sheets, consent forms and relevant correspondence, all in the form in which they were approved. A list will be kept of the Committee members who were present during discussion of the application and when the final decision of the Committee was reached. The Committee will retain one set of all submitted documents related to applications for a period of at least 5 (five) years, following the completion of a study. This will include electronic and hard copies of the documentation.

COMPLAINTS AND SUSPENSION OR DISCONTINUATION OF RESEARCH

The FPDREC takes ethics and ethical standards very seriously. Any complaint of misconduct in research must be made to the Chairperson of the FPDREC for an initial assessment of the nature and severity of the complaint. All complaints will be investigated as directed by the FPDREC Chairperson and complaining parties will receive a response from the Committee.

The contact details of the Committee Chairperson and Secretariat must be available to all research participants, community stakeholders and researchers in the event that they wish to forward a complaint. These contact details will be available on the FPD website: *https://www.foundation.co.za/*

Where the Committee is satisfied that circumstances have arisen that a research project is not being conducted in accordance with the approved protocol and that the welfare or rights of participants are being compromised, the Committee may withdraw approval after following the process as provided for in the SOP.

The Committee will inform the researcher and/or sponsor of its action and will recommend discontinuation or suspension. In such instances, the researcher must discontinue the research and comply with any special conditions required by the Committee. Principal Investigators should document the Committee's withdrawal of the study approval and report this to the relevant regulatory authorities/sponsors/collaborators.

MULTI-CENTRE AND INTERNATIONAL COLLABORATIVE RESEARCH

If research is conducted at more than two sites in South Africa, with the PI and Co-PIs from different institutions resulting in the involvement of more than two registered RECs, one REC may be the designated Committee of Record for that study. The RECs must be in agreement upfront. This will be determined on a case-by-case basis.

Research involving Multi-institutional research with external bodies (e.g. laboratories/institutions/universities) in South Africa, or in other countries, must have the

approval of the FPDREC. To facilitate the review process, parallel or simultaneous reviews may be conducted among the ethics committees of the institutions involved. In no case, however, may the approval by ethics committees of external institutions replace the review and action by the FPDREC. International studies that will be conducted in South Africa must have a local Principal Investigator. The researchers will seek legal guidance regarding the agreements governing the research grant and submit it with their application.

The Committee will review all applications from the perspective of South African law, under which the Committee operates and is held accountable.

The Committee will only review research conducted outside South Africa if an FPD researcher is involved. If the country where the research is being conducted has an ethics review system or research ethics committee, that committee must also approve the research. If no ethics review system exists in that country the FPDREC may review the application provided the NHREC has been advised and the host country does not object. The contact details on the informed consent forms must be local numbers. An email address of the South African PI must be included.

There are challenges to approving research in another country, e.g., monitoring, regulatory issues, payment of participants, requirements regarding informed consent for children or parental consent, etc.

In international collaborative research the parties are host country institutions, collaborating country institutions, researchers from both, research participants and/or communities.

There should be clear justification for collaborative research and why it needs to be carried out in a particular community. Unless there is clear justification, no research should be undertaken in a host country that could just as easily be done in a collaborating country.

There should be clear potential benefit to the community being researched (e.g. access to the best proven methods or treatment identified by the study).

Research involving human participants may not commence without ethics approval by the Ethics Review Committees of all collaborating institutions, including national or provincial governments.

Research may not commence without informed consent from participants and/or communities.

There may be no exploitation of institutions, researchers, research participants or communities.

Funders, sponsors, and clients may accept responsibility for payment of compensation for research injury, if agreed to in writing.

Institutions and researchers should assist indigenous communities and traditional societies to protect their knowledge and resources and should respect what is sacred and secret by tradition.

Those involved in international collaborative research should have some understanding of,

and be sensitive to, the social, economic, and political conditions in which the research is carried out. This will alert them to the need to protect research participants who are, for example, subject to deprivation through poverty.

Before submission of a collaborative research proposal to a Research Ethics Committee, agreement should be reached between the host research institution and the collaborating institution on all aspects of the research. These include sharing of intellectual property rights, management of the research process, data management, the fate of data, division of responsibilities, finances, research output, publication strategy, sharing of benefits and burdens, development of infrastructure and research capacity in the host country, and an ombudsman to settle disputes. A Data Sharing/ Transfer Agreement template is available from the Secretariat.

Intellectual property rights of parties should be respected and acknowledged as agreed on before the research commenced.

Research may not be carried out in a host country without local research collaboration in the design and conduct of that research.

Research undertaken in communities needs clearance from an appropriate community representative in writing or on a recorded verbal consent basis.

If research is undertaken in collaboration with another institution, that institution's ethical clearance will be needed.

PRIVACY, ANONYMITY AND CONFIDENTIALITY

The DOH Guidelines state that a research participant has the right to privacy and to confidentiality meaning that access to personal information directly or via third parties without consent of the participant is not permitted. Therefore, a proposal must explain how these constitutionally protected rights will be managed and protected during the research. Privacy concerns the participant's control over who has access to their personal information and records, including clinical health care records; while confidentiality is about the appropriate measures that will prevent disclosure of information that might identify the participant (inadvertently or not) either during the research or afterwards. The Protection of Personal Information Act 4 of 2013 has increased the need to ensure computer safety, locked record storage facilities and careful gate keeping about access to raw data including completed informed consent documents. Researchers should take measures to ensure protection of privacy and confidentiality interests throughout the research period, including when disseminating results or findings. Bear in mind, however, that if a participant wishes to be identified, this should not be denied without consideration of possible ethical implications and providing appropriate advice.

All research participants, therefore, have the right to privacy to the extent permitted by law (e.g., child abuse cases should be reported to the appropriate authorities in terms of the law). All research studies must comply with the provisions of the Protection of Personal Information Act, Act 4 of 2013.

Privacy includes autonomy over personal information, anonymity, and confidentiality, especially if the research deals with stigmatising, sensitive or potentially damaging issues or information. When deciding on what information should be regarded as private and confidential, the perspective of the participant(s) on the matter should be respected.

All personal information and records provided by participants should remain confidential. When conducting interviews, it should be made clear that confidentiality and anonymity will be safeguarded. Whenever it is methodologically feasible, participants should be allowed to respond anonymously or under a pseudonym to protect their privacy.

All personal information obtained directly or indirectly on or about the participants (e.g., names obtained by researchers from hospital and school records), as well as information obtained in the course of research which may reveal the identity of participants, should remain confidential and anonymous. This guarantee should also be given when researchers ask their consent to use data which is not already available within the public domain (e.g., classified data on prisoners held by the Department of Correctional Services).

In the case of covert observation (e.g., of a public scene) steps should be taken to ensure that the information will not be used or published in a form in which the individuals could be identified.

Researchers should maintain privacy, anonymity, and confidentiality of information in collecting, creating, storing, accessing, transferring, and disposing of personal records and data under their control, whether these are written, automated or recorded in any other medium, including computer equipment, graphs, drawings, photographs, films, or other devices in which visual images are embodied.

Researchers should make appropriate arrangements for the preservation and confidentiality of research records for one year after the submission of the report or the results.

Risk minimisation should be applied to research records. The possibility of a breach of confidentiality and anonymity should be anticipated, addressed, and explained to the participants as an attendant risk.

Codes or other identifiers should be used to break obvious connections between data and individuals/organisations/institutions where possible. Where there is a mixture of information obtained from the public domain and information obtained with the participants' informed consent, no traceable link should be left between the two sets of information.

Confidentiality and anonymity of participants and their localities should be maintained when reporting to clients/sponsors/funders. Participants should not be identified or made identifiable in the report unless there are clear reasons for doing so. If the researcher or institution intends to identify participants or communities in the report, their informed consent allowing such disclosure should be obtained, preferably in writing.

Research findings published in the public domain (e.g., theses and articles) which relate to specific participants (e.g., organisations or communities) should protect their privacy. Identifiers which could be traced back to the participants in the study should be removed. However, public interest may outweigh the right to privacy, and may require that

participants be named in reports (e.g., when child labour is used by a firm).
Participants' consent should be sought where data identifying them is to be shared with individuals or organisations not in the research team. They should be provided with information about such individuals or organisations (their names, addresses etc.).

The obligation to maintain privacy, anonymity and confidentiality extends to the entire research team, other researchers at FPD, FPD administrative employees, and all those (from or outside FPD) not directly associated with the research who may possibly have access to the information.

DATA SHARING

Researchers should ensure the protection of the interests of co-researchers and participants, including participants' right to confidentiality, when sharing or making public available data in any form.

Data which does not identify participants, and which are in the form of anonymous or abstracted facts may be commonly shared, if necessary, even before publication of the study, among researchers and peer reviewers, and may be made available to the public.

As far as possible, researchers should ensure that relevant findings of the research are taken back to the research participants or communities in a form and manner that they can understand, and which will not cause them harm.

Research data should be maintained by the researchers for at least five (5) years after the end of the study.

If indicated researchers should submit Data Sharing/ Transfer Agreements where data is transferred or shared with a third party. **Refer to the FPDREC DATA SHARING AGREEMENT TEMPLATE.**

REPORTING AND PUBLICATION OF RESEARCH RESULTS

Investigators have an obligation to disseminate research results, whether positive or negative, in a timely and competent manner. It is, however, important that the release of research findings be done in an ethical manner, to ensure that false expectations are not raised in a vulnerable population. Reporting of research findings advances scientific knowledge. Researchers who conducted the study have the right and the duty to publish research findings in scientific journals, books, or other media. When they agree to delegate this responsibility to other individual(s) or organisation(s) they should do so only if they have received a mutually agreed commitment to publish or disseminate the results within an agreed period, with an agreed content and in an agreed manner.

Requests to withhold findings, to change or tone down the content of a report are not acceptable in good ethics practice. However, sponsors or stakeholders should be afforded the opportunity to comment on research findings prior to publication, without any entitlement to veto, change the conclusions, or unreasonably delay publication of results. In

collaborative research with pharmaceutical or other companies, the conditions of publication should be spelt out clearly in the protocol. The Committee should be satisfied that there is no interference with the right to publish results. Participants should always receive the results prior to the public release.

If a client/sponsor/funder requires non-publication of results carried out on humans, or that it must give prior approval for the manner and content of reporting, such research proposal may be disapproved by the Research Ethics Committee. If the request not to publish is based on strategic or other reasonable grounds, the committee may consider non-publication of results for no more than one year following the completion of research. Input from the relevant division/institute/centre should be sought where there is a request not to publish.

The results should be reported irrespective of whether they support or contradict the expected outcome(s).

Researchers should disclose in their publications the source(s) of funding and sponsors, if any.

Researchers should in their publications explain the methodology used, as well as how ethical dilemmas encountered were resolved.

Aspects regarding authorship should be determined at the earliest possible phase of a study.

The following guidelines should be followed for giving authorship credit while reporting the research in any form:

- Authorship, and its sequence in case of more than one author, should be based on the quantum of contribution made in terms of ideas, conceptualisation, and actual performance of the research, analysis and writing of the report or any publication based on the research. Authorship and its sequence should not be based on the status of the individual in the institution or elsewhere.

- All other individuals not satisfying the criteria for authorship but whose contribution made the conduct and completion of research or publication possible should be properly acknowledged.

- A student should be listed as principal or first author on any multiple-authored publication that substantially derives from the student's dissertation or thesis.

- When data or information from other studies or publications is quoted or included, appropriate credit should be given.

When results are disseminated through the popular media, researchers should endeavour to ensure that media people comprehend the limitations and implications of research results, and that distortions and misrepresentations in media reporting are minimised.

PRESS RELEASES

Investigators have an obligation to communicate research results during press releases in an ethically responsible manner.

COMPENSATION AND INSURANCE

Participants should be seen as indispensable and worthy partners in research. Researchers should respect and protect the rights and interests of participants at every stage and level of research.

The risks and benefits of the research to the prospective participants should be fully weighed. Research that could lead to unnecessary physical, social and/or psychological harm should not be undertaken. Researchers should identify potential risks to participants and make provision for their avoidance. When risks form part of the conduct of the study, efforts should be made for mitigation or protection.

In case harm, injury or loss of opportunity is incurred by participants, provision should be made for compensation or payment for treatment with clear guidelines on how to obtain this. In the event of significant harm, participants should be entitled to claim compensation regardless of whether or not there was negligence or legal liability on any other basis.

Participants have the right to get help. Researchers should help participant(s) in cases of adverse consequence resulting from their participation in research. These include psychological trauma, distress, and loss of job, social hostility, or retaliation against the participant(s). When, in the course of the research, researchers come to know of a need of participants that is not connected to the research, but which may improve their lives (e.g., medical treatment), they should endeavour to get the help needed.

FPD arranged for indemnity insurance cover for members of the FPDREC irrespective of the fact that they are employed by FPD or not. Members are indemnified from personal liability against claims that may arise in the course of ordinary business of the FPDREC.