



## Form FHS015: Research Protocol – Section C

### Instructions

- Forms to be downloaded from the Administrative Forms web page at <http://forms.uct.ac.za/forms.htm>
- All researchers must complete Section C

### Introduction

The protocol must reflect how the research will be conducted at the local research site, for example contact details of the local principal investigator (PI) and Human Research Ethics Committee, characteristics of the local population and information about recruitment sites. Likewise, a commercially-sponsored, multi-centre protocol must reflect how the research will be undertaken at the local site.

Researchers will find more detailed guidance on specific research ethics issues such as including children in research in the Standard Operating Procedures and in 'Preparing the Research Protocol — Pointers for Researchers'.

New protocol submissions, including retrospective record reviews, should include the following elements as appropriate:

#### **Purpose of the study**

#### **Background**

#### **Methodology**

- Study design
- Characteristics of the study population
- Recruitment and enrolment
- Research procedures and data collection methods
- Data safety and monitoring
- Data analysis

#### **Description of risks and benefits**

#### **Informed consent process**

#### **Privacy and confidentiality**

#### **Reimbursement for participation**

#### **Emergency care and insurance for research-related injuries**

#### **What happens at the end of a study?**

#### **References**

#### **Appendices**



## Purpose of the Study

State the primary and secondary aims of the study and the corresponding hypotheses. In the case of qualitative research, is the problem or phenomenon of the study clearly stated and is the aim(s) explicit in relation to the strengths of a qualitative design?

## Background

Present the rationale for the study based on published literature, including previous laboratory, animal and human research. Include a critical review of existing literature and identify information gaps the study intends to fill.

## Methodology

### Study design

Describe the type of design to be used to address the study's aims, e.g. clinical trial (Phase I, II, III and IV), medical record review, case control, prospective cohort, survey, ethnographic. If this is a placebo-controlled trial, justify why a placebo is required. Justify the sample size needed to test hypotheses with sufficient statistical power or, in the case of descriptive research, demonstrate the precision of estimates. Indicate if this is a pilot project as this will influence how the committee evaluates the sample size and plan for statistical analysis.

### Characteristics of study population

- Number of participants. Ensure the number of participants stated in the protocol, the application form and consent form is consistent.
- Inclusion and exclusion criteria
- Vulnerability
  - Children or young people under 18 years of age
  - Adults with impaired decision-making capacity e.g. intellectual disability or mental illness
  - People highly dependent on medical care e.g. emergency care, intensive care, terminally ill, or unconscious
  - People in unequal or dependent relationships e.g. students, employees
  - People whose only access to reasonable medical care or treatment is through research
- Justify the inclusion of vulnerable populations
- Location of the research e.g. identify hospitals, schools, community health facilities

### Recruitment and Enrollment

Describe what methods will be used to identify and recruit participants. How, by whom, and where will potential participants be selected and approached to take part? Attach a copy of any planned advertisements, flyers or letters to potential participants. If there is a sub-study, for example genetics, is it clear that participation in the sub-study is optional?



## Research Procedures and Data Collection Methods

Describe all procedures to which human participants will be subjected. Depending on the nature of the study, interventions may be medical, behavioural or observational.

In clinical research, this section must distinguish between interventions that are experimental and carried out for research purposes versus procedures considered standard of care. Additionally, routine procedures and laboratory tests performed solely for research purposes, e.g. extra diagnostic or follow-up tests should be identified. Where appropriate, provide a flow chart with timelines to illustrate when measurements will be conducted, e.g. baseline, 6 months, 12 months.

For research involving surveys, questionnaires, in-depth interviews, describe the setting and mode of administering the instruments (e.g. telephonically, face-to-face, focus group) and provisions for maintaining confidentiality. Describe the duration, intervals of administration and overall length of participation. If instruments or scripts to be used in interviews or focus groups are not yet finalised, provide a sample of the questions, an outline of the interview guide or describe the subject matter to be covered. The Human Research Ethics Committee must review and approve final questionnaires before they can be used.

Note: when standardized behavioural, psychological or quality of life tests and questionnaires are to be administered, describe these in the protocol and attach copies in the appendices. An instrument's reliability and validity when used in the South African (SA) context must be addressed, including whether a translation of the instrument affects its psychometric properties. Use of instruments not validated for SA populations can produce misleading and false findings.

Researchers must describe their qualifications and/or experience to perform the procedures and data collection methods described in this section. Similarly, if researchers intend to use other individuals such as interpreters or community workers to undertake some or all procedures and interventions, they must explain the kind and extent of training these persons will receive.

## Data Safety and Monitoring Plan

Define criteria for adverse events, including potential harms in qualitative research, and describe procedures and responsibilities for reporting. Indicate if the PI intends to assign responsibility for overseeing the daily performance of the research to a study coordinator.

Describe interim analyses and early stopping rules where appropriate.

Principal investigators must design and implement a plan to monitor participants' safety in risky research. Depending on the level of risk, this may entail the development of a written plan for safety monitoring (DSMP) to be implemented by researchers or the creation of a data and safety monitoring board (DSMB).

A detailed DSMP or DSMB is required for prospective clinical trials involving human participants designed to answer specific questions about the effects or impact of a specific biomedical (e.g. drugs or devices), behavioural or psychosocial intervention. Such studies must also be registered with the National Clinical Trials Register.



### **Data Analysis**

Describe how data will be collected and recorded. Describe mechanisms to maintain confidentiality of the data as well as data security and back-up features.

Describe mechanisms to ensure the accuracy and reliability of the data collected. This may include training data collectors, calibration of equipment, repeat analyses of blinded laboratory samples, site visits and inter- and intra-rater reliability assessments.

Describe the plan for data analysis (statistical or qualitative). Include the specific statistical methods, e.g. chi square tests, T tests, logistic regression.

### **Description of Risks and Benefits**

A risk is a potential harm, discomfort or inconvenience associated with research which a reasonable person would consider relevant in deciding to take part in research. Risks are classified as physical, psychological, social, economic and legal.

#### **Potential risks and discomforts**

Describe potential risks/ discomforts associated with each research-related procedure or intervention. If data are available, estimate the probability that an anticipated harm may occur, its severity, duration and potential reversibility.

#### **Risk classification**

Where possible, estimate the overall risk of the study, e.g. minimal, greater than minimal or unknown. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in research are not greater than the harms or discomfort ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. This is also called the 'everyday risks standard' or the 'routine examination' standard.

#### **Minimising risk**

Describe what mechanisms will be used to minimise any potential risks or discomforts.

#### **Potential benefits**

Describe what potential benefits participants may receive as a result of participating in the research and what potential benefits to society are expected from the research. Describe any potential benefits to the health services or community in which the research will take place. Societal benefits may also include the advancement of knowledge and/or possible benefit to future patients.

#### **Alternatives to participation**

Describe any alternatives and their costs (personal, economic, social) that are available in the non-research context that may be of benefit to potential participants (e.g. an interventional drug is available in the private sector), in other words what are the alternatives for persons who choose not to take part in the study.



### **Harm: benefit ratio**

Describe the harm: benefit ratio of the research compared to available alternatives. The potential benefits of research must justify the risks to human participants. Some risks may not be reasonable despite potential benefits. The harm: benefit ratio should be at least as favourable for participants as that presented by standard treatments for a condition. In clinical research, when comparing the harm: benefit ratio of research with that of available alternatives, the alternatives of doing nothing or 'watchful waiting' should be included in the calculation.

## **Informed Consent Process**

### **Process**

Describe how and where consent/assent will be obtained. How will the process be designed to encourage voluntary and thoughtful decision-making? Describe what measures will be in place to avoid undue pressure. This section should detail the environment and location where informed consent will be sought, the timing of the process (e.g. in relation to admission to hospital, waiting in a queue in a community clinic, before surgery, during a stressful event) and whether potential participants will be able to discuss participation with family, friends or advisors before signing the consent form.

Describe who will obtain informed consent and assent. The PI may delegate this function to suitably qualified individuals in the research team. Specify whether interpreters will be used to obtain consent/assent and describe their training to perform this task.

### **Capacity to consent**

Will all adult participants have capacity to give informed consent? If not, describe the likely range of impairment and explain how and by whom their capacity to consent will be determined. Preferably, in research involving greater than minimal risk, when there is doubt about a potential participant's capacity to consent, capacity to consent should be determined by a psychiatrist, clinical psychologist or otherwise qualified professional who is not directly involved in the study. Individuals who lack capacity to consent may take part in research only if consent is given on their behalf by a legally authorized representative. Guidelines governing who may provide consent for treatment on behalf of individuals with impaired decision-making capacity do not apply to research and researchers must justify using a proxy decision-maker who is not a legal representative.

Describe how researchers will handle refusal to take part by minors or individuals with impaired decision-making capacity.

### **Comprehension of information**

Describe how it will be determined if participants or their legally authorized representatives understand the information provided. Guidance on 'testing' understanding is provided on the website under Policies/ Guidance. Willingness to sign consent/assent forms does not necessarily reflect adequate understanding of what the research entails.



### **Withholding information**

Describe if any information will be withheld from participants. If so, explain and justify the non-disclosure and describe plans for post-study debriefing.

### **Consent and assent forms**

Specify all current versions of consent/assent forms that will be used in the research, e.g. adult consent form, youth or adolescent consent form (13-17 years) and child assent form (7-12 years).

Indicate whether the English version(s) of the consent/assent forms will be translated into Afrikaans, Xhosa or other languages. The PI must justify any decision not to translate consent/assent forms when a study plans to enroll participants whose first language is not English.

Content of consent/assent forms must comply with legal and ethical requirements detailed in the Standard Operating Procedure relating to Informed Consent.

Copies of English consent/assent forms must be attached as appendices. Translations need only be submitted once the English version is approved.

### **Privacy and Confidentiality**

Describe mechanisms to protect participants' privacy and data confidentiality. Avoid collecting information, particularly personally identifiable data, which is not essential. If the personal details of participants are not needed, then don't ask for them. If a study requires data to be linked, this must be justified.

Describe what research data, electronic and hard copy, will be stored, where it will be stored, for how long, the measures that will be put in place to ensure the security of the data, who will have access to the data and the method and timing of disposal of the data.

### **Reimbursement for Participation**

Describe plans to compensate participants for their time, transport and other expenses. Indicate whether payment will be prorated and whether it will be in cash or kind. If participants will not be compensated, this must be stated in the informed consent form.

### **Emergency Care and Insurance for Research-related Injury**

Describe what arrangements are in place should participants incur a research-related injury. The University of Cape Town carries a no fault insurance policy to cover injuries incurred in research not sponsored by a pharmaceutical company.

### **What Happens at the End of a Study?**

In the case of Phase III safety and efficacy trials, describe what plans are in place to manage participants at the end of the study; in particular indicate if the investigational drug, if shown to be safe and efficacious, will be offered to participants when the study ends and under what circumstances. In line with the requirements laid down in the Helsinki Declaration of 2008, PIs are expected to negotiate post-trial access to safe and efficacious investigational drugs. Such negotiations should take place in the planning stage when the clinical agreement is being finalised. If a sponsor does not intend to provide the investigational drug at the end of a trial even if shown to work, this must be stated in the consent form in bold, enlarged lettering.

Describe how findings will be disseminated to the study population and wider scientific community.



## References

Provide a list of references cited in the Background section.

## Appendix Material

In addition to Sections A, B (synopsis) and C, please attach all appendix material relevant to the protocol application. This includes but is not limited to the following:

- Sponsor's protocol
- Funding/ grant application
- Investigator's brochure and package inserts
- Surveys, questionnaires, interview schedules
- Recruitment materials: advertisements, flyers, posters
- Materials for participants: diaries, patient identification cards, newsletters, educational pamphlets
- Consent and assent forms (English versions)
- Letters of authorisation from institutions such as hospitals, clinics and schools
- MCC letter of approval, if available
- A summary of Phase III efficacy and safety data if this is an application for an open label or extension study
- Budget summary
- If an application has been submitted to the MCC, a copy of Section 13 (Ethical Issues) extracted from the CTF1 application form