INFORMED CONSENT

Research & Development

Standard Operating Procedure for Obtaining and Documenting Informed Consent in Research at West Hertfordshire Hospitals NHS Trust

SOP Number : SOP-04-07	**Effective Date:** October 2021
Version Number: v07	**Review Date:** 2 - 3 years

1.0 BACKGROUND

This document sets out the procedures to be followed by all West Hertfordshire Hospitals Trust (WHHT) staff who consent participants into research studies.

It aims to provide clear guidance on the legal requirements and the procedures of taking informed consent when recruiting patients to research studies carried out by WHHT.

The Sponsor shall ensure the REC approved process for informed consent is followed and obtained prior to patients participating in research to meet ethical and regulatory requirements. Prior to trial initiation, the Sponsor should ensure that the study has received R&D confirmation from WHHT.

2.0 PURPOSE

Informed consent is a process by which a trial participant voluntarily confirms his or her willingness to participate in a research study after being duly informed of all aspects of the trial, including the risks and benefits to the participant, alternative options, peripheral and altruistic nature of the research. The process should be carried out in stages, allowing sufficient time for the participant to understand oral and written information (e.g. Patient Information Sheet (PIS)) and to clarify any queries they may have. The subjects must be informed that they are free to withdraw at any point in the trial after consenting if they wish to do so.

Informed consent is at the heart of ethical research. Most studies involving individuals must have appropriate arrangements for obtaining consent, and the ethics review process pays particular attention to those arrangements.

Freely given informed consent should be obtained from every participant or representative prior to clinical trial participation.

The principles of Good Clinical Practice (GCP) state that in obtaining and documenting informed consent, investigators should comply with the applicable regulatory requirement(s), and adhere to GCP. Sponsor/PI shall ensure before starting a trial to obtain a written approval/favourable opinion from the ethics committee for the written informed consent form, and any other written information to be provided to the subjects. The Sponsor shall also ensure that the research study has R&D confirmation from WHHT.

3.0 APPLICABLE TO

Any Trust employee involved with clinical research sponsored by WHHT including, but not limited to Unit Heads, Chief Investigators (CI), Principal Investigators (PI), Co-investigators, Consultants, Clinical Trial Pharmacists, Research Managers, Statisticians, Research nurses, Allied Health Professionals, Trial Coordinators, R&D Department, the Research & Development Steering Group (RDSG) & Data Managers.

4.0 RESPONSIBILITIES

The Sponsor shall ensure that a valid informed consent was obtained for all subjects before recruitment and prior to carrying out any study specific procedures. Consent must be taken by the CI/PI or designated individual (DI).

The Sponsor/DI should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legal representative, of all pertinent aspects of the trial including the written information given approval/favourable opinion by the ethics committee.

The CI/PI shall ensure that subjects have fully understood what they are consenting to. The Sponsor shall maintain overall responsibility for the consenting process.

Sponsor/investigator may delegate parts of the informed consent duties to appropriately trained and qualified members of the research teams. Staff delegated to consenting shall have a valid GCP certificate. (see SOP-07) Delegation shall be documented on the study delegation log held in the Trial Master File (TMF). For non-Clinical Trials of an Investigational Medicinal Products (CTIMP) studies, it is recommended that staff delegated to consenting should have completed GCP training, however there are instances where this is not necessary:

For certain studies, the requirement for staff to have completed GCP training may be removed where the following conditions apply:

- The study has been assessed by the RDSG as low risk and where there is no change to patient care
- The PI for the study agrees that this is appropriate and is willing to be contacted with any queries
- A departmental clinician with GCP training and listed on the study delegation log is able to provide oversight and guidance in the clinical area and take responsibility for these staff members
- Staff are substantive WHHT members of staff with all training relevant to this role
- Staff are aware of the study and clear written guidance is available on the process for them to follow

The research personnel directly involved in the consenting process must personally sign and date the consent forms. They must also make a record in the patient's medical notes, of discussions related to the clinical trial with the patient and any further contact. If appropriate, the CI/PI may sign/countersign the consent form. All personnel who have completed/signed a consent form must have completed the study delegation log, which shall be countersigned/dated by the CI/PI, unless the study does not require this. The CI/PI or DI should also ensure that PIS contain contact details for nominated personnel within the research team. The patient should also be followed up after being given information as to their decision to take part in the study and this should provide an opportunity for any further questions to be discussed.

All research personnel with consenting responsibility shall ensure that the original copy of the research consent form is held in the Trial Master File (TMF)/Investigator Site File (ISF). Copies of signed consent form may be held in the medical notes and/or TMF and a copy must be provided to the patient. Staff should also ensure appropriate recording of all informed consent discussions in the patient medical records.

5.0 PROCEDURE

5.1 Considerations Before Starting Clinical Trials

5.1.1 The Sponsor/PI shall provide copies of all written informed consent forms and any other written information e.g. PIS to the R&D Office. All subsequent versions must be submitted to the R&D Office as substantial amendments.

5.1.2 All written informed consent forms and any other written information e.g. PIS must have approval from ethics. All subsequent versions must also receive ethics approval as substantial amendments. Blank copies of all versions should be held in the TMF.

5.1.3 None of the written information relating to the trial shall unduly influence or coerce the trial subject or subject's legal representative.

5.1.4 The written information shall be in a non-technical language, easily understandable to the trial subject or the subject's legal representative or the impartial witness. It is recommended that the template provided by Health Research Authority (HRA)/Research Ethics Committee (REC) must be consulted during the preparation stages.

5.1.5 The Sponsor/PI shall ensure that the study teams are adequately trained in obtaining and documenting a valid informed consent. Particular training needs must be met in describing technical languages involved in complex interventions, unlicensed Investigational Medicinal Product (IMP), invasive assessment methods, randomisation and other trial methodologies.

5.1.6 In order to obtain consent, the delegated staff member shall be familiar with the protocol, risks and benefits associated with the study and the peripheral and altruistic nature of the research. The delegated staff member shall be effectively trained in communicating all aspects of the study in a non-technical and understandable language.

5.1.7 The PI must ensure teams are adequately trained in clearly documenting the consenting process in patient records and other trial related documentations, according to the guidance from the sponsor.

5.1.8 The Sponsor/PI must ensure R&D confirmation from WHHT is in place for the research study before patients are consented.

5.1.9 The PI/delegated individuals should ensure that all those approached regarding the study are recorded on a screening log. A screening log should be provided by the Sponsor but where this is not the case the WHHT Screening Log template should be used (Appendix 3).

5.2 Obtaining Informed Consent from Trial Subjects

5.2.1 Consenting patients shall be conducted in line with the guidance for the study, usually in stages, allowing sufficient time between each stage. Stages shall include preliminary discussion, further discussion & provision of written information (e.g. PIS) and final consent.

The subject must be allowed sufficient time, wherever possible, between each stage for understanding the provided oral and written information. The original research consent forms should be held within the TMF/ISF. A copy should be held within the patient's medical notes and a copy provided to the patient.

Under emergency situations, the consenting methods may vary. If prior consent from the patient was not available, the subject's legal representative must be consulted. If neither the subject nor the legal representative was available, the subject may be enrolled as described in the protocol and/or elsewhere. This must be supported with documented approval from the ethics committee, to protect the rights, well-being and safety of the trial participants. The investigator shall abide by institutional policies and regulatory compliance.

5.2.2 In order to obtain a valid informed consent, the following best practice guidelines shall be considered:

- Early discussion with patients
- Answering questions fully by a qualified member of the research team
- Providing adequate information to make an informed decision
- Patient must not be under any pressure or duress
- Patient must be competent to make an informed decision
- Make sufficient notes of all discussions in patient's notes
- PIS should be used to enhance the patient's understanding of research however should not be used as a substitute for discussion

5.2.3 The Sponsor/PI must ensure overall control for the informed consent process. However, the PI may delegate parts of the consenting process to adequately trained and qualified personnel. The investigator shall ensure that the delegated responsibilities are documented, dated and signed by the nominated personnel and a confirmation signature from the Investigator in a 'delegation of responsibilities log'. A copy shall be retained in the TMF. (see SOP-06)

5.2.4 The PI shall ensure that a written informed consent form, wherever required, is signed and personally dated by the participant or participant's legal representative.

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5.2.5 An explanation of the standard treatment shall be provided to the participant or legal representative prior to detailed discussions of experimental research (clinical trials). The participant shall be fully informed that their level of standard care shall not be affected irrespective of whether they decide to participate in research study or not.

5.2.6 The written information sheet and the informed consent verbal discussion shall contain the key points included in GCP.

5.2.7 The participant or participant representative shall be provided with written information such as the PIS and any other relevant materials to read at their own pace, unless in emergency circumstances dictated by the study.

5.2.8 Further information sessions shall be set up to allow discussion with the patient and to encourage questions. This may be in the form of an outpatient appointment or a telephone call. These discussions should also be annotated in the patient's medical record. The investigator should ensure subjects fully understand all aspects of the research study including what the subject's responsibilities are.

5.2.9 If the patient's first language was not English, provisions for translational service must be considered.

5.2.10 If consent was taken from minors or incapacitated adults, several other criteria must be considered. Please refer to relevant Guidance and other applicable paediatric regulations.

5.2.11 Obtaining consent is an ongoing process and if the research study protocol or any PISs contain significant amendments (e.g. significant issues with regards to patient's safety), subjects may in some cases need to be re-consented. This shall be determined by the Sponsor and ethics committee.

6.0 RELATED DOCUMENTS

- SOP-06- TMF
- SOP-07- Research Staff Training
- HRA guidance on information sheets and consent forms

7.0 APPENDICES

Appendix 1 - Definitions
Appendix 2 - Key Points of ICH GCP Guidance on Informed Consent
Appendix 3 - WHHT Screening Log template

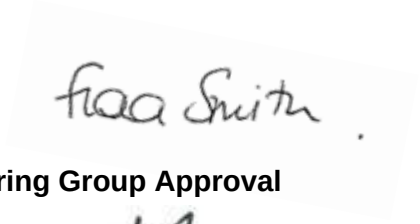
8.0 VERSION HISTORY

Revision Chronology:		
Version Number	**Effective Date**	**Reason for Change**
SOP-04-07	**October 2021**	Amendments following review including; 1. Change from general Standard Operating Procedures (gSOP) to SOP 2. Addition of circumstances in which GCP training is not required 3. Removal of the '10.0 Agreement' section -all agreement signatures will be collated on a new 'SOP Signature Sheet Document'

		4. Addition of screening log requirement and appendix 5. Other minor amendments and clarifications of terms following review
gSOP-04-06	**October 2017**	Minor amendments following review
gSOP-04-05	**1/10/2015**	Minor amendments following dissolution of consortium
gSOP-04-04	**07/05/2014**	Minor amendments following review
gSOP-04-03		SOP modified for implementation at ENHT/WHHT.
gSOP-04-02 (MVCC)		SOP modified for implementation at MVCC
gSOP-04-01		SOPs implemented at RMH

9.0 AUTHORSHIP & APPROVAL

Author

Signature  **Date** 28/10/2021

R&D Steering Group Approval

Signature  **Date** 28/10/2021

Appendix 1: Definitions

Adverse Event (AE)
An unfavourable outcome that occurs during or after the use of a drug or other intervention, but is not necessarily caused by it.

Chief Investigator (CI)
The investigator with overall responsibility for the research. In a multi-site study, the CI has co-ordinating responsibility for research at all sites. All applications for ethical review should be submitted by the CI.

Clinical Trial
A clinical study in which participants are assigned to receive one or more interventions (or no intervention) so that researchers can evaluate the effects of the interventions on biomedical or health-related outcomes. The assignments are determined by the study protocol. Participants may receive diagnostic, therapeutic, or other types of interventions. A Study Type.

Clinical Trial of Investigational Medicinal Product (CTIMP)
A clinical trial that is within the scope of the UK Medicines for Human Use (Clinical Trials) Regulations 2004. An investigation in human subjects, other than a non-interventional trial, intended: a) to discover or verify the clinical, pharmacological and/or other pharmacodynamic effects of one or more medicinal products, b) to identify any adverse reactions, or c) to study absorption, distribution, metabolism and excretion, with the object of ascertaining the safety and/or efficacy of those products.

Delegated Individual (DI)
An individual delegated by a person of responsibility to carry out their task(s).

Good Clinical Practice (GCP)
Good Clinical Practice is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects.

International Conference on Harmonisation (ICH)
International Conference for Harmonisation, a collaboration between regulators and the pharmaceutical industry in Europe, the United States and Japan to establish common standards for clinical trials. ICH GCP is a widely recognised standard for Good Clinical Practice in clinical trials.

Investigator Site File (ISF)
The Investigator Site File contains all essential documents held by Principal Investigator(s) conducting a trial which individually and collectively permit the evaluation of the conduct of a trial and the quality of the data produced.

Participant
Patient, service user, carer, relative, professional carer, other employee, or member of the public, who consents to take participate in a study. (In law, participants in clinical trials involving medicinal products or a control are referenced as subjects) Please note that this may be used interchangeably throughout all SOPs with, patient, subject and, where applicable for the trial, participant's representative may also be used in these instances.

Patient Information Sheet (PIS)

A document explaining all relevant study information to assist the potential subject in understanding the expectations and requirements of participation in a clinical trial.

Principal Investigator (PI)
The investigator responsible for the research site. There should be one PI for each research site. In the case of a single-site study, the chief investigator and the PI will normally be the same person.

The Regulations
Medicines for Human Use (Clinical Trial) Regulations 2004 transposed the EU Clinical Trials Directive into UK legislation, as Statutory Instrument 2004 no 1031. This became effective on the 1st May 2004. An amendment to implement Directive 2005/28/EC was made to the Regulations as Statutory Instrument 2006 no 1928.

Trial Master File
The Trial Master File contains all essential documents held by the sponsor/Chief Investigator which individually and collectively permits the evaluation of the conduct of a trial and the quality of the data produced.

Appendix 2: Key points of ICH GCP Guidance on Informed Consent

This document refers to the ICH GCP Guidance on informed consent of trial subjects. Key points are listed below:

- Subjects shall be provided with what the trial involved, explanation of the parts that are experimental and other relevant background information.

- Why the subject/legal representative was approached and the purpose of the trial and eligibility criteria.

- Subject/legal representative must be ensured that the trial participation and related activities will be confidential. However, subjects should be informed that their medical records and other trial related documents will be accessed by research staff and other related personnel such as regulatory authorities, monitors, auditors and ethics committee for verification of trial data. The subject must authorise such access in the form of written consent, personally signed and dated.

- An explanation of the trial treatment(s), details of any medications, details of any invasive procedures, and the probability of random assignment to each treatment. If a placebo or use of medication outside licensed indication was involved, the subject should be provided with clear explanation of what that entails.

- An explanation of foreseeable risks or inconveniences to the subject and, where applicable, to any embryo, foetus, or nursing infant.

- An explanation of the expected benefits and altruistic nature of research must be provided. If the subject was not to gain any clinical benefit from the study, this should be explained.

- Subject/legal representative should be made aware of any available alternatives and the risks/benefits related to these.

- An explanation of compensation and/or care and supporting treatment available to the subject in the event of trial related injury must be explained.

- The anticipated prorated payment or travel expenses, if any, to the subject for participating in the trial.

- An explanation for use and storage of the collected biological samples (e.g. blood, tissue) must be provided. Appropriate use of these and supporting written consent must be obtained in compliance with the Human Tissue Act.

- Subject/legal representative must be advised that the trial participation is voluntary and that the subject may refuse to take part or to stop participation in the trial at any time.

- Subject must be informed of their responsibilities of participation in a trial, the duration of the trial, the likely number of trial participants, and the responsibilities for reporting any adverse events to the study team immediately to ensure their safety and that of other participants. If

applicable, the subjects must be advised to provide the emergency card during every hospital admission to alert the study team.

- Subjects must be provided with details of the study team and an emergency contact number.

- Subjects must be informed that they will be provided with up-to-date information of all trial related issues and if necessary, the protocol and/or patient information sheets may be amended. In some cases, the subject may need to be re-consented. The subject should be provided with copies of all up-dated consent forms and PIS.

- Subjects must be informed that following consent, under certain cases, they might not be able to continue with the trial. If they failed to meet eligibility criteria at a later stage following diagnostic tests or other foreseeable circumstance and/or reasons under which the subject's participation in the trial may be terminated.

Appendix 3: WHHT Screening Log template

West Hertfordshire Hospitals NHS Trust

Trial Name:	Principle Investigator:

Date Screened	Participant Forename	Participant Surname	Hospital Number	Eligible?	Reason if not recruited	Date recruited	Trial number

WHHT Screening Log template, V1, 26/07/2021