Research Ethics Service
Annual Report for Scotland
April 2019 – March 2020

Note: COVID 19 has had a massive impact on the work of ethics committees and how they function. The period of this report does not cover the changes experienced by COVID but section 7.1 discusses how we have been successfully running the service through the COVID pandemic.

Purpose of this combined annual report

This annual report for the Scottish Research Ethics Service provides a short summary of the NHS Research Ethics Service in Scotland. The main objective of the service is to:

- protect and promote the interests of patients and the public in health and social care research.

The service in Scotland consists of four regional centres and 12 ethics committees. Over 180 voluntary members give considerable time, effort and expertise to provide consistent and thorough review of the applications made by researchers.

This report provides data on the number and type of applications reviewed together with the key performance indicators of the service and gives an overview of the opinions made by the committees. The report also looks at some of the challenges and difficulties that the service is currently faced with.

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1. Introduction

The NHS Research Ethics Service in Scotland runs 12 research ethics committees (RECs) which are based across 4 regional centres. North of Scotland is run from NHS Grampian (2), East of Scotland from NHS Tayside (2), South East Scotland from NHS Lothian (4) and West of Scotland from NHS Greater Glasgow & Clyde (4). The service is staffed by a Scientific Officer in each centre and REC Managers and Assistants who are Health Board employees. The membership of each committee contains a mixture of both lay and expert members. Please note that Scotland A REC split into 2 parts, A REC dealing with AWI research applications and B REC dealing with all other applications. The two Committees have the same membership, but work under different governance structures.

There are two types of NHS ethics committees; 'Recognised' which are legally recognised by the UK Ethics Committee Authority (UKECA) to give an ethical opinion on a clinical trial of an investigational medicinal product (CTIMP) and 'Authorised' which are established under GAfREC and cover all other types of clinical research requiring NHS ethical review. In Scotland there are four Recognised RECs and the remaining 8 are classed as Authorised RECs. In addition many of the RECs have a flagged status which denotes a certain expertise and/or training that allows the REC to review certain types of research applications. Some of these are mandatory such as the AWI flag for Scotland A REC and others are recommendations only.

All of the RECs in Scotland are subject to audit by the Health Research Authority (HRA) every two years and must gain Full Accreditation to continue as UK RECs.

Table 1: Status of Committees and Flags

REC	C TIMPs Phase I (1st in man)	C TIMPs Patients (not 1st in man)	Flags
East of Scotland Research Ethics Service REC 1			Research Tissue Banks, Qualitative
East of Scotland Research Ethics Service REC 2		Yes	IRB registered, Children, CTIMPs
North of Scotland Research Ethics Committee 1			Children, Medical Devices
North of Scotland Research Ethics Committee 2			Research Tissue Banks, IRB registered, Qualitative, Children
Scotland A Research Ethics Committee		Yes*	Adults with Incapacity (*and CTIMPs ONLY where there are AWI and the Chief Investigator is professionally based in Scotland)
Scotland B Research Ethics Committee	Yes		IRB registered, Gene Therapy, CTIMPS, Phase I CTIMPs (HV)
South East Scotland Research Ethics Committee 1			None
South East Scotland Research Ethics Committee 2			Medical Devices
West of Scotland REC 1	Patients only	Yes	IRB registered, Phase 1 CTIMPs (patients) CTIMPs, Children
West of Scotland REC 3			Qualitative

West of Scotland REC 4			Research Tissue Banks, Research Databases, Medical Devices, Children
West of Scotland REC 5			Children

2. Membership

The membership of each committee is made up of volunteers and should provide a broad range of experiences and expertise to allow for a balanced review of the scientific value of the study and dignity, rights, safety and wellbeing of the people who are likely to take part. The membership can include up to 18 members and at least one third of the membership must be lay with half of these being, what is called, Lay + whereby the member has no background experience of clinical research and has never been a healthcare professional. An overview of the membership is shown (Table 2). Membership categorisation and requirements differ for Scotland A REC.

In order to be quorate seven members are required to be present in person (including live media link) at a meeting and at least one Lay member (Lay+ for Recognised Recs) and one Expert member. Members are required to attend at least two thirds of all meetings and attendance is monitored as part of compliance processes. The Research Ethics Service as a whole should reflect the diversity of the adult population of society, taking account of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This applies to both the lay and expert membership.

Table 2: Membership summary of the Scottish ethics committees

REC	Total number	Expert	Lay and lay+	Lay +
East of Scotland REC 1	14	7	7	3
East of Scotland REC 2	13	7	6	3
North of Scotland REC 1	18	9	9	4
North of Scotland REC 2	14	6	8	3
Scotland A REC	15	7	8	N/A
Scotland B REC	15	9	6	3
South East Scotland REC 1	14	5	9	2
South East Scotland REC 2	12	5	7	2
West of Scotland REC 1	17	11	6	2
West of Scotland REC 3	15	8	7	4
West of Scotland REC 4	16	10	6	2
West of Scotland REC 5	14	8	6	3

3. Training and development for committee members

REC committee members can attend a range of training sessions delivered through providers including the Health Research Authority, NHS Ethics Service, Universities and the MRC Regulatory Centre. Local annual training days provide essential training on specific themes and enable members

to discuss ethical issues within a supportive environment. A summary of training available is shown (Table 3). REC members are required to attend the equivalent of one day (5Hrs) of relevant training per year and new members are asked to attend an Induction Training Day. On top of this members are asked to complete Equality & Diversity (E&D) training at the start of each term of office. The following face to face events were held for members within Scotland but there are also an increasing number of online training courses available to members through the HRA and some Health Boards and this includes E&D training. Other HRA training courses held in England are open to Scottish members but costs of travel and accommodation (when required) can be prohibitive.

Table 3: Ethics Member Training Delivered in Scotland

Date	Location	Open to	Event	Organised by	Numbers	Cost for event
4/10/19	Glasgow	West of Scotland REC members (available to other Scottish members on request)	Annual Ethics Members Training Day	WoSRES	65	NHS GG&C
Various	Dundee	Open to Scottish REC Members, Sponsors & Investigators	Various courses: research ethics for paediatric studies; research ethics in palliative care studies, TASC seminar series – ethics, consent; Research Ethics for Medical Students – consent, design, mini-ethics review; Research Ethics for Specialty Trainees; Research Ethics in Medical Devices (given by Chair REC 1).	EoSRES NB: EoSRES did not offer an Annual Conference due to SO maternity leave. REC Members from EoSRES were encouraged to attend Annual Conference Days held in other regions.		Cost covered by relevant HB
various	Edinburgh	Open to Scottish members & all Investigators	Various courses: Consent; R&D and Ethics Training; PPI (patient-public involvement); data	Wellcome Trust CRF		Cost covered by relevant HB (generally free for NHS staff)
various	Edinburgh	Open to Scottish members & all Investigators	Research in a Pandemic Seminar series	Wellcome Trust CRF / R&D		free
various	Glasgow	Open to Scottish members & all Investigators	Various courses: Devices Training, Ethics Training, Informed Consent	Glasgow CRF		Cost covered by relevant HB

4. Training and support delivered by the Ethics Service for researchers

The Ethics Service also has an educational role to play and in particular the Scientific Officers in each regional service organise and take part in training sessions across relevant NHS Health Board and University sites.

Scientific Officers provide workshops and seminars at numerous events and courses where knowledge of the ethics service and in particular how to put together an ethical research proposal is required. Audiences include NHS researchers, Doctoral students, student supervisors and University researchers. The staff in regional offices and committee chairs also attend meetings with and liaise with NHS Research and Development Departments, local researchers, and representatives of other organisations involved with research and clinical governance such as the Public Benefit and Privacy Panel, clinical effectiveness teams and Health Protection Scotland so that they can support researchers in conducting quality ethical research.

The regional offices provide an advice service for sponsors and researchers on the types of ethical review required, accessing the service and linking researchers to guidance.

5. Full applications assigned to committee during the reporting period

Applications are ethically reviewed by Full Committee or given a Proportionate Review by subcommittee depending on an assessment of the ethical risk of the application. Studies are triaged initially by the Central Booking Service which is run by the HRA through a series of questions which are asked when an Investigator is ready to submit their application for ethical review. Further checks are completed by ethics staff in each centre to ensure studies are suitable for PR review. For Full review Investigators get the choice of committee they would like to go to and this usually aligns with where the Chief Investigator is working but time constraints can mean that applicants will come to Committees outside of their own geographic area. This means that the research studies going through the RECs in Scotland does not fully align with the research originating in Scotland although the majority of research projects requiring Full review are dealt with by a local REC. Studies reviewed by Full Committee require quorate membership and for the committee to meet at a specified time usually face to face, however some committees also allow members to attend via telephone or video conferencing (this situation changes completely from mid-March 2020 and is discussed in 7.1). Between April 2019 and March 2020, 389 studies were reviewed at full REC meetings across Scotland and the distribution of study type is given in (Table 4). The numbers are very similar to the previous year with no significant changes in any of the study types or the overall study numbers. The figures for the whole of the UK are given for the same time period as a comparison. The annual figures have also been separated out for a number of specific types of studies which may be of interest giving the percentage of commercial trials reviewed, paediatric, adults lacking capacity, prisoners and gene therapy (Table 5). In Table 6 the reviews of Clinical Trials of Investigational Medicinal Products (CTIMPs) have been separated out. These studies can only be reviewed by a Recognised Committee of which we have four within Scotland.

The opinions given at the first meeting are summarised in (Table 7). The majority of provisional opinions given at the first meeting were converted to favourable opinions after researchers responded to the feedback and submitted revised or additional documents for a final decision by the chair or a subcommittee. Provisional Opinions do involve longer review periods overall and therefore good preparation of applications before presentation to an ethics committee should result in reduced review timelines with a higher ratio of applications gaining a favourable opinion on initial presentation.

Timelines for ethical review are closely monitored, 100% of the applications reviewed within the target of 60 days after the application was submitted to the service. The average review time across all of the committees and applications was 22.1 days (Table 8).

Table 4: Applications for full ethical review by study type (1st April 2019 to 31st March 2020)

Study Type	UK Applications Reviewed	Scotland Applications Reviewed
Clinical Trial of Investigational Medicinal Product	892	31
Clinical investigation or other study of a medical device	226	27
Basic science study involving procedures with human participants	586	62
Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	571	99
Study administering questionnaires/interviews for quantitative analysis or using mixed quantitative/qualitative methodology	398	58
Study involving qualitative methods only	341	62
Study limited to working with data (specific project only)	233	19
Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	116	18
Others	32	1
Research Database	66	10
Research Tissue Bank	55	2
Total	3516	389

Table 5: Applications for full ethical review proportion in specialist area (1st April 2019 to 31st March 2020)

Study Area	UK	UK %	Scotland	Scotland %
All Full Reviews	3516		389	
Commercially Sponsored Studies	886	25%	46	12%
Paediatric Studies	651	19%	54	14%
Adults Unable to Consent	307	9%	28	7%
Prisoner	20	0.5%	3	1%

Table 6: CTIMP applications for full ethical review proportion in specialist area (1st April 2019 to 31st March 2020)

	UK	UK %	Scotland	Scotland %
CTIMP Reviews only	892		30	
Commercial CTIMP Studies	696	78%	24	80%
Phase I (Healthy Vol)	127	14%	0	0%
Adults Unable to Consent CTIMPs	52	6%	0	0%
Gene therapy	4	0.5%	1	10%

Table 7: Opinions given at full meetings (1st April 2019 to 31st March 2020)

Opinion	UK applications	UK %	Scotland applications	Scotland %
Favourable Opinion (+ or – Additional Conditions)	868	25%	135	35%
Provisional Opinion	2490	71%	233	60%
Unfavourable Opinion	158	4.5%	21	5.4%
Total	**3516**		**389**	

Table 8: Time taken for Full Review applications.

Time from valid application received to issue of final opinion letter (time from issue of Provisional Opinion to receiving further information is not included)

Number of days to review mean (SD)	22.1 days
Reviewed within 60 days target	100%

6. Proportionate review applications assigned to meetings during the reporting period

Applications triaged to receive a Proportionate Review are assigned by CBS to the first available REC in the UK therefore applications are likely to come from anywhere in the UK. The first line triage results in approximately 30% of PR studies being incorrectly assigned to PR therefore further checks on suitability for PR are carried out by the REC staff and unsuitable studies transferred to an appropriate Full REC. This can cause delays and duplication of effort. Changes have been introduced since the period of this annual report (further details given in 7.2) however it has not resulted in any improvement to the triaging of these studies and further work is required to get them assigned to the appropriate REC committee at the outset.

Each REC is asked to run a PR subcommittee each month and there can be up to four applications looked at by the subcommittee. In general these subcommittees of the full REC are held on different dates to the full meetings and consist of three to four members that communicate using the secure web site for REC members, the HARP Portal, and e-mail. Face to face meetings are usually not required for PR applications. Occasionally unsuitable applications which are not triaged before REC

review go to PR subcommittee and in this situation a "NO OPINION" is given and the application is transferred to a Full REC. This can significantly affect the overall approval times for a project.

Not all of the Scottish RECs run PR subcommittees.

Table 9: PR applications by study type (1st April 2019-31st March 2020)

Type of study	Applications Reviewed by UK REC	Applications Reviewed by Scottish REC
Basic science study involving procedures with human participants	325	28
Clinical investigation or other study of a CE marked medical device	50	3
Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice	34	3
Study administering questionnaires/interviews for quantitative analysis or using mixed quantitative/qualitative methodology	377	40
Study involving qualitative methods only	219	22
Study limited to working with data (specific project only)	188	19
Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)	231	22
Other	28	2
Total	**1452**	**139**

Table 10: Decision at 1st meeting for PR applications (1st April 2019-31st March 2020)

Row Labels	UK applications	UK %	Scotland applications	Scotland %
Favourable Opinion (+ or – Additional Conditions)	685	47%	75	54%
Provisional Opinion	637	43%	56	40%
No Opinion - Refer to Full Committee	116	8%	5	4%
Unfavourable Opinion	28	2%	3	2%
Total	1466		139	

The average number of days for PR review in Scotland over the period is 13.5 days with 93% of reviews within the KPI of 21 days.

7. Challenges Faced by the Scottish NHS Research Ethics Service

There are a number of areas where the REC service in Scotland is currently facing new and significant challenges and these are discussed in this section of the report.

7.1 COVID-19

In March 2020 we entered lockdown and our RECs could no longer meet in person. This involved a very rapid adaptation of working practices for all of the ethics

committees across Scotland. Some initial meetings were carried using teleconferencing facilities which were not very satisfactory but soon each region changed to the "Zoom" video application. A number of the ethics committees had practice meetings to allow members and staff to get used to the facility and ensure all the members were able to log on. Very quickly members have adapted to the change which has brought about certain advantages as well as drawbacks. The main advantages are generally not having to travel to the meetings, saving on travel time and cost and increased attendance of Investigators to almost 100% making the reviews more efficient by allowing issues to be resolved during the meeting. On the down side members are having to use their own personal equipment, WI-FI signals haven't always been reliable and members miss the camaraderie of a face to face meeting. It is also more challenging for new members to learn the role in relative isolation.

A survey amongst the Scottish REC members was conducted in September 2020 asking their preferences for REC meetings going forward. The overwhelming majority felt a mixture of online and face to face meeting would be the best way forward. This is something that may well inform our future plans when we are once again able to meet face to face.

Covid -19 has also challenged the committees with quite a number of our members being pulled from their ethics role in order to concentrate on the extra clinical duties that COVID has imposed. This was very much the case during the first lock down and once again became a feature during the 2nd lock down. The remaining members have been extremely generous with their time and commitment covering any gaps that have occurred and taking on chairing duties where necessary.

A lot of research activity was focused on COVID -19 research from an early stage and the research community was looking for very fast turnaround of applications to allow critical studies to get started quickly and efficiently. The REC members and staff were extremely responsive to this and in quite a number of cases, the timelines for review were reduced to just a few days.

7.2 PR Application Process

The proportionate review process poses a number of challenges to the Scottish NHS Ethics Service. As discussed above, PR is a proportionate service aimed at low risk studies and reducing the time lines taken to get through the ethical review process. The KPI for all Committees in Scotland is being attained but there are issues with the process. To apply for PR the researcher has to complete a number of filter questions, if these are incorrectly completed the application is wrongly assigned to PR. When a PR is assigned to a Scottish REC office, time is spent ensuring that the application is fit for purpose. Approximately 30% -40% of applications that come into the PR system are not suitable and get promoted to full Committee review. The workload involved in checking the suitability of applications is substantial, and if the application is not suitable the work put in is lost and not recorded in any other way.

There are potentially a number of options that could be explored for Scotland. England has a holding pen for all PR applications which we could potentially join on a rota basis. Each area would check applications for suitability or Scotland could have its own holding pen and split the work between the 4 regions.
Discussions are ongoing as to how we take this forward.
However, if the fundamental issues of the filter questions are not addressed in IRAS then this will continue to be a problem.

7.3 CWOW Combined Ways of Working

The West of Scotland REC 1 and East of Scotland REC 2 Committees continue to be involved in live reviews of CTIMPs processed via the Combined Ways of Working (CWOW) pathway whereby these applications undergo MHRA and REC review concurrently. This approvals pathway is currently restricted to CTIMPs with a European Sponsor which includes a site or sites in the UK and only a few CTIMP-recognised RECs in the UK are currently enrolled in the live phase. The intention is to enrol all remaining UK CTIMP-recognised RECs to this process in 2021.

In the CWOW route, trial applications are submitted to and received by MHRA in the first instance and they conduct what the HRA refer to as a 'limited validation'. REC Managers/staff are therefore not required to carry out full validation but they will confirm to applicants via a 'REC Information Letter' that the application has been received and details of the meeting date, scheduled time slot and instructions for joining the online meeting are included. As REC Managers and staff are not permitted in the CWOW route to approach applicants prior to the REC meeting, relying on limited rather than full validation can and does result in the REC receiving applications that are missing core documentation required for REC review including participant-facing materials such as the Participant Information Sheet (PIS), consent forms, adverts and other critical documents. REC Managers and staff would ordinarily request these omissions under the 'validation under consideration' provision during full validation review; however, since this is unavailable in the CWOW process and REC Managers/staff are unable to approach applicants with such requests prior to the REC meeting, this means that the REC is required to request any omitted documents as part of their Request for Further Information (RFI) (also known as a Provisional Opinion). This has drawn comment from Chairs and Officers since responses to RFIs are not routinely reviewed by a full REC but either by the Chair alone or via sub-committee. The more information that is missing from an application, the larger the task of reviewing the response to the RFI becomes, requiring more members and requiring additional organisation by REC staff.

Other challenges in this process include the fact that as the application is being processed through MHRA and REC concurrently, MHRA may request substantial changes to the design of the trial. This has happened on a couple of occasions for the RECs in the West and East of Scotland services. In these cases, MHRA have

required fundamental redesign of an arm or significant portion of the protocol. Again, these changes impact on REC review since the amended protocol returned as a response to the REC's Provisional Opinion can end up being quite a different study to the one originally submitted and reviewed. Again, this requires a more in-depth and substantial review by the REC who may then be presented with new information and additional ethical issues to the ones identified in the original study. This again, draws feedback and observation from the RECs that they are wary of conducting reviews of what would ordinarily be a new application via a sub-committee rather than at full REC or, if promoted to full REC because the changes are so extensive, the REC has had to effectively review the same study twice in order to reach a final decision. Albeit this is not the norm but further guidance on how to manage these issues would be recommended.

Additional challenges to the review continue to exist for Lay Members. In the CWOW process, RECs are not provided with an IRAS form, although the HRA have developed the Ethical Considerations Form which is intended to provide further support and guidance for members in navigating the application. CWOW applications are generally written to a high standard but they often comprise a significant number of documents and the protocols are commonly long, complex, written in technical language and information-dense. This can make it very difficult for Lay Members to locate corresponding information that they wish to check is adequately reflected in the participant-facing materials. It is understood that the development of the CWOW process is ongoing and the Ethical Considerations Form is not yet finalised. It is hoped that with further work and the feedback of the remaining RECs to be recruited to the process, further support for Lay Members will be provided.

At the start of the CWOW pilot phase, the RECs regularly received a copy of the MRHA's assessment report; this was highly valued by REC Members as it allowed them to see what changes MHRA had requested so REC could then ensure that all relevant information would be carried through to the participant-facing materials and they would be assured that core elements of the trial such as safety, dose escalation and contraception etc. had been appropriately and thoroughly assessed. Unfortunately, as the pilot has progressed, these reports are becoming increasingly unavailable before the meeting although it is appreciated that workload volume is a significant factor in whether a report will be available to the REC prior to the meeting date.

There are other additional challenges for REC Managers and staff in managing these applications whilst the process is still devolved to the HRA's CWOW admin team; however, it is acknowledged that the CWOW team are preparing to return these duties to local services imminently.

7.4 Social Care Research

There has been no further developments, due to COVID issues, on the inclusion of social care research since our report last year. The requirements for inclusion of social care research under the NHS research Ethics Service is still being reviewed and it is expected to be re-examined in 2021.

7.5 Membership & Recruitment

Recruitment of new members is an ongoing issue for the NHS Research Ethics Service with a constant turnover of the membership. The four regional centres advertise vacancies in many different ways and sometimes this can be general through posters and newsletters and sometimes quite focused where specific expertise is being sought such as pharmacists or statisticians. The HRA has also directed any Scottish based applicants to us when they have responded to HRA advertising which has been very helpful.

Attendance at meetings has generally improved since meetings have become remote and where there are likely to be issues with quoracy these can be more easily resolved with members co-opting across committees within their region.

The recruitment of expert REC members continues to be a challenge and the added complication of the COVID emergency, as outlined above, has further impacted on our expert membership.

It was helpful to learn this year that many of the Royal Colleges will now recognise REC work (i.e. the reviewing of applications and acting as an external advisor to researchers and sponsors) as part of Continuing Professional Development (CPD) and our Expert members have been advised of this.

8. Summary

Overall the Ethics Service in Scotland had a successful year in 2019/20 with numbers of reviews remaining at the level of previous years and meeting all of our timelines and KPIs for Full, PR and amendment reviews. The major issues fell beyond this time frame with the start of the COVID pandemic and the major changes that it forced upon us. Some of these will direct how we go forward in the future and in many ways we have improved the service and made it more streamline. However we need to remain mindful of the down side of remote meetings and ensure that we are able to meet the needs of the Investigators and the members who give freely of their time and skills.

The overall research governance process is continuing to develop and change. The Scottish Ethics service needs to ensure that it can work efficiently and effectively both for Scottish studies but also across the UK. We work closely with the HRA to ensure we can continue to work within the integrated HRA approval for English and Welsh studies as well as ensuring we fulfil all the

requirements for our local studies. The Scientific Officers regularly meet with our HRA colleagues in England, Wales & Northern Ireland as well as our own NRS and R&D colleagues in Scotland.

The next annual reporting period 2020 to 2021 will be quite exceptional with a lot of regular research having being put on hold whilst COVID research has been ongoing. The way in which we have been working has changed dramatically as has the way much research is conducted. Some of these changes will remain with us with a stronger use of virtual meetings and from a patient's point of view, virtual clinics.