THE SOUTH AFRICAN MEDICAL ASSOCIATION

RESEARCH ETHICS COMMITTEE

(SAMAREC)

TERMS OF REFERENCE

Approval details:

First approval authority: South African Medical Association Research Ethics Committee

Version number:	Approval date:	Details:
V1		

Date of implementation:

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1. Purpose

The South African Medical Association Research Ethics Committee (SAMAREC) was established by the South African Medical Association (SAMA) in 1992 to evaluate the ethics of research protocols developed for clinical trials to be conducted in the private healthcare sector. In terms of national and international regulatory requirements, all health research involving human participants must undergo an independent ethics review. The National Health Act, 61 of 2003, as amended, (NHA), provides for the establishment of a National Health Research Ethics Council (NHREC) with which all research ethics committees are required to be registered. SAMAREC is registered on the Department of Health (DOH) National Research Ethics Council database.

2. Responsibilities

The main responsibility of SAMAREC is to ensure the protection and respect of the rights, safety and well-being of participants involved in clinical trials and to provide assurance to the public of that protection, *inter alia,* by reviewing, approving and providing comment on clinical trial protocols, the suitability of investigator(s), facilities, methods and procedures used to obtain informed consent. The Bill of Rights which is entrenched in the Constitution of South Africa provides that everyone has the right not to be subjected to medical or scientific experiments/research without their informed consent.
In the execution of its responsibilities in evaluating the ethics of research protocols, SAMAREC is guided by the relevant South African law, research and ethics guidelines, professional standards, international standards and guidelines and codes of practice.

According to the Guidelines for Ethics in Health Research: Principles, Processes and Structures, 2015, published by the Department of Health, ethics review provides an objective appraisal of the research proposal as it affects the prospective participants and the general day to day functioning of the health system.

SAMAREC follows the standards adopted by the latest version of the FDA and ICH Guidelines for Good Clinical Practice; and conforms to the guidelines laid down by the World Medical Association, in particular, the Declaration of Helsinki, the Belmont Report, the National Department of Health, the South African Health Products Regulatory Authority (SAHPRA) and other relevant statutory bodies involved in the healthcare sector.

A REC should consider the following issues when reviewing a proposal for a clinical study:

- the scientific relevance of the clinical 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;
- that 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;
- if placebos are to be used, whether their use can be justified;

- that by their participation in a clinical study the participants 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 how informed consent is to be obtained.
- The adequacy and completeness of the written information to be given to the participants, their relatives, guardians and, if necessary, legal representatives. All written information for the participant and/or legal representative must be submitted in its final form;
- that the application allows the participants and/or their representatives adequate time to consider the patient information document before informed consent is sought;
- the content of any advertisements or public notices which will be used to recruit participants to a study;
- the study protects participants' rights to privacy and confidentiality;
- the provision of compensation/treatment in the case of injury or death of a participant if attributable to a clinical study, and the insurance or indemnity to cover the liability of the investigator and sponsor;
- the extent to which investigator(s) and participants are to be compensated for participation in the study;
- making specific recommendations regarding the continuation of treatments beyond the duration of the study, or mechanisms to ensure that participants' access to treatment are fairly protected and not unduly compromised;
- the demographic information available to assess whether the patient population is adequate to support the study;
- whether there is no cost to the participant, medical schemes or insurance for trial specific procedures;
- whether the product will be made available to participants after the trial ends, and if so whether there is any cost to the participant to continue treatment post-trial;
- whether any restrictions will be placed on the publication of results by the investigators after completion of the trial;
- the adequacy of the statistical methods proposed to evaluate the data generated; and whether the study is advancing knowledge in the research field.

SAMAREC reviews health research involving human participants, prior to initiation of such research and focuses on the ethical implications relating to the clinical research. Ensuring protection of the rights and welfare of the participants is the Committee's primary concern. Based on the above-mentioned standards and guidelines, SAMAREC will advise and make suggestions to study doctors and applicants, when requested.

3. Independence of SAMAREC

SAMAREC is an independently functioning body, which means its functioning is done outside of any interference from the SAMA Board of Directors, and with no external pressure to the members regarding any decisions reached.

4. Relationship to Non-Affiliated Researchers

SAMAREC deals exclusively with research conducted in the private healthcare sector and is not affiliated with any researchers. Therefore, any researcher within the private healthcare sector may approach SAMAREC to review their research proposals, approvals for which will be done on a case-by-case basis.

5. Accounting Responsibilities

SAMAREC functions within the legislative framework of the National Health Act of 2003, and as such, is registered with the National Health Research Ethics Council. SAMAREC has the authority and legal accountability for the evaluation and approval of ethically acceptable research proposals.

6. Composition of SAMAREC

Research ethics committees must consist of members who collectively have the qualifications and experience to review and evaluate the science, health and legal aspects, and ethics of proposed research. Committees must be independent, multi-disciplinary, multi-sectorial and pluralistic. When a specific portfolio on the committee is required (e.g. lay member) a new member will be recruited by means of advertisements in the applicable field. Prospective members are then requested to present their credentials and then attend a formal meeting (while signing a confidentiality agreement). Should the specific member have the required expertise and have a definite interest in the committee they are requested to join the committee. The composition of SAMAREC complies with the prescriptions of the Department of Health Guidelines for Ethics in Health Research and consists of members as approved by the SAMA Board of Directors Once elected, members will receive formal appointment letters signed by the current General Manager of SAMA (On behalf of the Board of Directors of SAMA). The Chairperson and Vice (Deputy)-Chairperson are elected by the current committee members based on their expertise and experience levels. The Vice (Deputy) Chairperson will assist the Chairperson and will act as Chairperson as necessary and also assist the Chairperson with responsibilities as required.

The current composition of SAMAREC is as follows:

Prof JR Snyman MBChB, M Pharm Med, MD	Male, Pharmacologist, SAMA member, (Chairperson)
Dr M Groenewald MBChB, DCH (SA), PG Dip Int Res Ethics	Female, General Practitioner, SAMA member
Prof M Kakaza BSc, MBChB, MMed (Neurology)	Female, Neurologist, SAMA Member
Mrs BM Fineberg, BSc (Hons); H.D.E.	Female; Educator
Mrs U Behrtel, BLC.LLB, Cert Med Law PG Dip Int Res Ethics	Female, Attorney
Dr S Franzsen MBChB, MMed (O&G) , ACAM (Chel), BA(Theo)	Female, General Practitioner, SAMA Member
Ms W Massangaie LLB	Female, Attorney
Mr M le Roux B.Th, M.Div	Male, Legal Secretary
Dr T Lengana MBBCh, FCNP (SA), MSc Med (Bioethics & Health Law)	Male, Specialist Nuclear Physician, SAMA Member

- The SAMAREC Composition will be updated as and when changes occur.
- The Committee may request other individuals to assist in the review of complex issues outside the expertise of the members, but such individuals may not vote on matters requiring a decision to be taken; These individuals will also only be approached should they not have a conflict of interest in the study in question and will also be required to sign a confidentiality agreement. These individuals will be approached based on a referral basis.
- Curricula vitae of the Committee members and external experts (if applicable) are available on request. These are kept by the Secretariat.

7. Absences

If a member is absent for 2 (two) consecutive meetings without notice or justifiable reason, or is frequently absent without a reason satisfactory to the remaining members of the Committee, the Committee will review his/her membership. By majority vote of the remaining members, the position can be declared vacant and the Committee shall be entitled to replace that member.

8. Term of Office for Membership

The term of Office for Membership may vary according to institutional requirements. (DOH Guidelines 2015)

9. Procedures of the Meetings

- SAMAREC meets on the second Wednesday of each month, unless circumstances require otherwise. Meetings can be conducted face-to-face, alternatively via telephone conferences webinars (Web-ex) or via Skype.
- Urgent decisions may also be "Round-robined" for approval.
- Decisions taken by the Committee meetings convened in any of the ways mentioned shall be binding provide that adequate notice had been given and that quorum requisites were adhered to.
- Notice of the Meeting, confirming the venue, time and date, together with a draft agenda of items to be discussed shall be forwarded to all the members of the Committee by the Secretariat prior to the date of the meeting.
- Agendas for the meetings are prepared by the Committee Co-ordinator in consultation with the Chairperson and circulated, together with all applications and other supporting documents, as well as a protocol evaluation form for each application, to members before meetings.
- All input received from the committee members is collated by the SAMAREC Co-ordinator. Committee Members are to use the Standard SAMAREC Evaluator Document (Annexure 1) for all protocol evaluations. The input received is discussed at the formal meetings of SAMAREC and collated in the form of formal meeting minutes. These minutes are circulated 1-3 working days after the meeting to the committee members. Dr M Groenewald and Ms B Fineberg are tasked to assist with the review and correct formulation of the minutes. After final approval of the minutes has been granted by all the committee members, to whom the minutes are circulated electronically, extracts of the minutes are distributed to the relevant clients in the form of formal letters.
- A written response regarding decisions is usually forwarded to applicants within 10 working days after the meeting.
- 60% of the committee constitutes a quorum.
- Confidentiality of the content of applications, the protocols and the procedures of SAMAREC, is maintained as far as is reasonably possible.

10. Signing of Correspondence

Correspondence is signed on behalf of the Committee by the Secretariat after written confirmation of decisions have been received. Records of any decisions/communications between the Committee Members and the Secretariat are kept electronically.

11. Amendments

Administrative amendments will be processed by the Secretariat.
Minor amendments will be reviewed in-between formal meetings between the Chairperson, Dr S Franzsen, Ms B Fineberg, Dr T Lengana or Mr M le Roux.

Should the reviewer feel that the minor amendment needs formal committee input, the amendment will be distributed to the entire committee and added to the next scheduled meeting agenda for final approval.
Major Amendments will be reviewed during formal meetings.

12. Reporting of Adverse Reactions

Adverse reaction reports will be sent to Prof N Kakaza for review in-between formal meetings. Should she be of the opinion that a specific reaction must be discussed in detail by the committee, detail of the specific reaction will be distributed to the entire committee and the item will be added to the formal agenda of the next scheduled committee meeting.

13 Reports and Monitoring

Following approval of a protocol, six-monthly reports on the trial must be submitted to SAMAREC. Failure to forward these reports will result in suspension of approval for the protocol, without any prior notification by SAMAREC. Any decisions taken by SAMAREC after the review of progress reports will be conveyed to the investigator.

Once the study has been completed the final study report must be submitted in due course. Copies of the SAHPRA reports will suffice.

SAMAREC would also appreciate copies of relevant publications arising from reviewed work. All information will be placed on record and kept confidential at the offices of the SA Medical Association for at least three years after the completion of a trial.

Reports will be reviewed electronically between meetings by the Chairperson, Dr S Franzsen, Ms B Fineberg, Dr T Lengana and/or Mr M le Roux.
Any concerns will be distributed to the entire meeting and the item will be added to the agenda of the next scheduled meeting.

14. Continuing Review of Research Protocols

Continuing Review applications must be accompanied by progress reports / reference to already submitted progress reports (within the last 6 months). These will be reviewed electronically between meetings by the Chairperson, Dr S Franzsen, Ms B Fineberg, Dr T Lengana and/or Mr M le Roux.
Any concerns will be distributed to the entire meeting and the item will be added to the agenda of the next scheduled meeting.

15. Expedited Review Process

SAMAREC has established procedures for expedited review of research when this is in the public interest. In general, research with potential to cause physical or psychological harm would not be considered for expedited review. This includes drug trials, research involving invasive procedures and research involving sensitive personal or cultural issues. Expedited review and approval may be considered for research where participants have a disease that may be rapidly fatal. Expedited review applications must be accompanied by a covering letter detailing the request for expedited review. This will be considered between formal meetings by a clinical and a non-clinical member of the committee for expedited review. Should the evaluators feel that the stud does not pose minimal harm or risk to the patients the study will be referred to the entire committee for a full review during a formal meeting.

Should the study be found to be of minimum risk in nature the study will be communicated to the entire committee for review – between formal meetings. The results will then be communicated to the client/ researcher.

16. Code of Conduct (including responsibilities and duties) for SAMAREC Members:

SAMAREC Members will adhere to the following Code of Conduct once appointed as REC Member:

- Attendance of all meetings / or submitting input before the meeting to the Secretariat
- Becoming familiar with the history, current and the other members of the Committee
- Reviewing the agenda, protocols and other documents for discussion prior to attending the meeting, and seeking clarification of any items that are not clear
- Ensure that the Standard SAMAREC Review Document is used in all evaluations
- Ensure that all evaluator input is forwarded to the Secretariat at least one working day before the formal meeting
- Follow the agenda during the meeting
- Keeping replies short to the point and factual
- Participate actively in the meetings via comments or constructive criticism or disagreement
- Keeping in mind that the committee as a whole has authority and not its individual members
- Assisting with and sharing the work of the Committee in fulfilling its mandate
- Keeping up to date with current industry changes affecting the committee
- Ensure that confidentiality of all received documents and verbal discussions are kept
- Declare any possible conflict of interest with any particular study
- Ensure that induction training is attended – for new members
- Familiarize themselves with the SAMAREC SOP, TOR and Code of Conduct
- Ensure that GCP training is updated at least every 3 years (thus at least once during the period of appointment
- Ensure that some form of ethics training is completed 2-3 years or during period of appointment
- Ensure that reviews are done objectively, independently and impartially as to ensure that the patient's welfare, rights and safety is ensured.

17. Complaints Process

Complaints may be lodged by researchers or any other persons involved in the research being conducted. Complaints should be directed to the committee first. Should the matter not be resolved, the complaint may be escalated to the NHREC.
Complaints may be lodged, in writing, with the SAMAREC Officer (co-ordinator) who will submit such complaints to the Chairperson as soon as possible for investigation.
Formal written feedback will be provided to the complainant once received from the Chairperson

18. Recruitment

Additional members and new members to the committee will be recruited as needed, to comply with the DOH Ethics in Health Research Principles, Processes and Structures (2015). Recruitment will be done on a referral basis or an advertisement (as applicable).

19. Ad hoc Reviewers/ Consultants

The requirement for ad hoc or specialist consultants for specific protocols will be assessed on a case-to-case basis.

20. Delegation Of Powers To Consent On Minors

The Minister of Health had Delegated the powers to consent for research or experimentation to be conducted with a minor for a non-therapeutic purpose as described by Section 71(3)(A)(II) of the National Health Act No. 61 of 2003 to health Research Ethics Committees Registered with the National Health Research Ethics Council
Kindly see annexure 2.

21. Reporting

As an independent body, SAMAREC submits an annual report on its activities to the NHREC.

22. Remuneration

SAMAREC members who are employees of SAMA are not remunerated for their services as members, this is to ensure that the risk of conflict of interest is reduced and that members are able to be objective in the functioning of their duties. Members not employed by SAMA are remunerated according to an honorarium, which is negotiated before the members' appointment.

Annexure 1

Checklist for Ethics Approval.

Protocol Title:

Protocol number:

Evaluator:

Research quality and design.

If "no" is answered for any of the criteria below, then explain why in the comment column.

Criterion.	Yes	No	Comment
Are the aims and objectives of the research clearly stated?			
Does the experiment design / method allow the aims to be achieved?			
Can the research be completed in the proposed timescale?			
Are the participants selected from groups that could potentially benefit from subsequent applications of the research?			
Are the participants selected on inclusion criteria directly related to the aims?			
Are exclusion criteria appropriate?			
Are only non-vulnerable groups included?			
Is safety monitoring appropriately incorporated?			
Any study drugs, devices or treatments used are at least equivalent to standard care available.			
Will the findings be disseminated immaterial of the outcome?			
Is confidentiality of the participant ensured?			
Is the placebo justified?			

Study staff, facilities and financing.

If "no" is answered for any of the criteria below, then explain why in the comment column.

Criterion.	Yes	No	Comment
Are the study staff qualified in the appropriate area?			
Do the study staff, specifically the PI, have experience in clinical trials?			
Are the facilities sufficient for the trial?			
Is the budget acceptable* and realistic?			

*Acceptable budget includes:
* no competitive recruitment
* no payment incentives for PIs for extra patients recruited
* site setup fees for nurses and PIs should be included in the standard fee stipulated in the budget.
* no additional dispensing fees

Risk assessment.

Consider the harm that could be a result of participation in the trial, exclusion from the trial or dissemination of findings.

If any of the following potential risks have a high probability of being encountered, then complete the comment column with specific reference to mitigating actions.

Criterion.	Possible	Unlikely	Comment
Potential risks.			
Psychological e.g. emotional distress			
Physical e.g. injury, illness			
Social e.g. stigmatisation			
Economic e.g. loss of wages due to clinic visits during work hours			
Legal e.g. from answering survey questions.			
Potential benefits.			
Improved service delivery.			
Improved health /extended life span to individual			
Improved health care / medication for people			

DO THE POTENTIAL BENEFITS OUTWEIGH THE POTENTIAL RISKS OF THE EXPERIMENT? _____

If no, then approval should not be granted.

Informed consent.

Any of the components that have "no" answered, need to be corrected or suitably motivated.

Criterion.	Yes	No	Comment
Suitable heading and full protocol title.			
Sponsor identified.			
Participants identified – age, number, reason for participation.			
Aims stated.			
Procedures and timeframes clearly explained.			
Risks & benefits explained.			
Voluntary nature of participation and option to withdraw stated.			
Alternatives (i.e. non-participation option) explained.			
Confidentiality explained			
Statement of adherence to ethics guidelines and ethics approval obtained.			
Compensation e.g. ABPI and counselling outlined.			

Costs to participant clearly stated.			
Explanation of what will become of any biological specimens at the conclusion of the research (e.g. length of time stored / destroyed).			
Statement that the patient will not derive any payment from any commercial development from this study including from biological specimens.			
Contact numbers provided for further information, emergencies and complaints.			
Appropriate signatory section (also note if verbal / legal consent is needed).			
Witness signature required.			

Recommendations:

Tick one of the following options:

1. Approve proposal as submitted.	
2. Approve proposal with minor modifications (specified on supporting documents) and resubmitted for verification. 3. Approval pending major modifications to proposal (specified on supporting documents) and resubmission for review.	
4. Approval denied.	

Annexure 2

MINISTRY OF
HEALTH
REPUBLIC OF SOUTH AFRICA

PRETORIA
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Professor J Snyman (REC Chairperson)
South African Medical Association Research Ethics Committee (SAMAREC)
P O Box 74789
Lynnwood Ridge
0040
PRETORIA

REC Reference No: REC-280808-016-RA Level 02

Dear Professor Snyman

DELEGATION OF POWERS TO CONSENT FOR RESEARCH OR EXPERIMENTATION TO BE CONDUCTED WITH A MINOR FOR A NON-THERAPEUTIC PURPOSE AS PRESCRIBED BY SECTION 71(3)(A)(II) OF THE NATIONAL HEALTH ACT NO.61 OF 2003 TO HEALTH RESEARCH ETHICS COMMITTEES REGISTERED WITH THE NATIONAL HEALTH RESEARCH ETHICS COUNCIL

I, Dr A Motsoaledi, in my capacity as the Minister of Health, do hereby delegate in terms of Section 92(a)(ii) of the National Health Act, 2003 (Act No. 61 of 2003) the powers vested in me in terms of Section 71(3)(a)(ii) to the South African Medical Association Research Ethics Committee on condition that the HREC:

(i) complies with Section 73 of National Health Act, 2003 (Act No. 61 of 2003) by being registered with the NHREC; and
(ii) adheres to the norms and standards of research ethics guidelines as advocated by the NHREC.

Kind regards

DR. A MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 7/10/2014