Human Brain Project

Standard Operating Procedure

SOP Title:	Compliance Management
Partner Responsible:	LNU / DMU
SP / WP / Task Involved:	WP12.4, Task 4 Compliance management
Current status	Active

Authors:	Shamim Patel, Bernd Stahl	
Contributors:		
Editor:		

Document Status

Date	Comments
25.08.2015	Initial draft agreed by Ethics Management team
03.09.2015	Approval by SP12 Steering Committee
05.10.2015	Approval by BoD

1 Which type of research requires compliance?

Ethics management in the HBP is governed by the ethics principles of Horizon 2020 as laid down in the H2020 documentation, notably in the [Guidance for Ethics Self-Assessment](#). The self-assessment document and the special clauses in the HBP Grant Agreement (re, "Ramp-up" phase) are the main sources from which this SOP arises.

The following list contains examples of research that are linked to ethical and legal requirements:

1. Research on human embryos and foetuses
2. Research on humans
3. Research on human cells/tissues
4. Research involving personal data that can lead to violation of data protection rules
5. Research on animals
6. Research involving third countries (non EU member states)
7. Research affecting the environment & Health and Safety
8. Research that is open to dual use
9. Research that is open to misuse
10. Other ethics issues

2 Who is covered by compliance management?

All Subprojects (SPs) may potentially undertake research that touches on existing regulation and legislation. All such research that requires ethical compliance is subject to compliance management.

3 Who is responsible for ethics management?

All members of the HBP are responsible for ensuring that their work complies with European and national regulations, not only prior to a project starting but also throughout a project's operation. In addition it is their responsibility to complete ethics self-assessment requests, to support the rapporteur role and to ensure that ethics management and the relevant

institutional review processes are informed of changes to a project requiring alteration of ethical permissions

The Ethics Management work package within SP12 helps HBP members to identify their responsibilities and collects data on compliance for communication with the EC.

The final responsibility nevertheless rests with the researchers, in particular the principal investigators (PIs) who undertake the research.

4 What are the steps in compliance management?

Ethics Management in the HBP ensures that compliance related activities are highlighted to the SPs and that appropriate responses are documented.

In many cases there are established processes for gaining ethics approval through institutional review boards (IRBs)[1] which can grant ethics approval. The HBP ethics compliance structure relies on these IRBs and collects their approvals. The HBP does not have the role of an IRB and cannot give ethics approval.

4.1 Communication & collaboration with all SPs

- The Ethics Compliance Management team will set up initial meetings with each SP Leader and respective SP Manager / Ethical Rapporteur and go through the EC "Ethics Appraisal" procedure in Horizon 2020.

  NB: This is complementary with Article 34 of the Grant Agreement on "Ethics" and also covers the FP7 HBP Grant Agreement: special clauses 13, 15 and 16 (see Appendix) and therefore covers both ramp-up and SGA1.

- Following the SP meeting every PI from each Subproject is required to fill in an initial ethics survey based on the H2020 ethics self assessment. This covers the 10 ethical issues referred to in Section 1.

  - All PIs are informed via the survey that they must (if applicable) have ethical approvals before starting their work.

  - Additionally all PIs have to confirm the following when returning the survey to the Ethics Compliance Management team:

    "Declaration: I understand that I must not commence research that can raise ethical issues before I have ethical approval. I also understand that it is my responsibility as task leader or local Principal Investigator to ensure that ethical approvals are available for potential review from 01 April 2016."

---

[1] The term IRB is mostly used in the USA. In this document it refers to any local, regional or national organisations which count as competent authorities to give ethics approval of specific research projects.

- If "Yes" is answered for any of the 10 ethical issues, additional appropriate documentation or evidence is requested in accordance with [EU's Horizon 2020: Guidance for Ethics Self-Assessment](#):

  - An "HBP Research Ethics Document Registration" survey is sent to PIs who have indicated that there are ethical issues in their work. This registration survey acts as a checklist to ensure that PIs provide all the necessary documentation which needs to be collated and stored.

    - Note, under SGA1 experimental protocols will be required to be provided at the same time as the ethical approvals. Additionally a more detailed description of the research work and related ethical issue is requested. Questions are also addressed to cover activities performed outside the EU, ie that they conform with EU and International legislation and could be legally conducted in one of the EU member states.

    - The responses of the survey are summarised in the Ethics Registry. All key documents received, notably ethics approvals, are logged into the secure Tresorit system and shared with the SP Managers of each respective Subproject. This ensures openness and clear communication.

- Similar meetings will be carried out annually at SP level to ensure that the Ethics Registry is fully up to date (see below) and provide a platform to explore further ethical issues.

4.2 Internal procedures and checks

The Ethics Compliance Management team compiles and maintain the HBP Ethics Registry which summarises and provide an overview of the ethical compliance issues in ramp-up phase and SGA1, based on the work within 4.1 above, including where links in Tresorit can be found to all appropriate supporting documentation.

Software (Smartsheet) is used to track ethics approval, including expiry dates, and to coordinate requests for further approvals/documentation where necessary.

Each Task leader/PI is made aware, when filling in the Ethics Assessment (see 4.1 above) that in case circumstances of his/her work change (e.g. geographical relocation of the institution/the project team) he/she will need to inform the Ethics Compliance Management Team, and provide relevant documentation where necessary, so that the Ethics Registry can be kept-up-to date.

An internal check of the documentation and responses provided is undertaken by a member of the Ethics Compliance Management Team. Comments summarising the internal reviews are included in the "Ethics Registry".

(NB: Detailed guidance on the processes involved in collecting, storing and checking ethics approvals can be found under Compliance Management Instructions)

4.3 Involvement of EAB

Information on EAB's role in ethics compliance is detailed in the EAB SOP:

> "The EAB will have full access to all judgments by authoritative bodies responsible for vetting research, which may pertain to any part of the HBP, typically via the Compliance Management process.

> Where ethics approval and compliance has been acquired outside of the jurisdiction of European Member States or where no ethics approval has been gained but the research has been identified by the Compliance process as requiring ethics approval, the EAB can be asked to provide advice to the researchers in charge of the research activity.

> The request for advice is normally raised by a member of the Ethics Management WP and forwarded to the Chair of the EAB. The aim of this process is to help the PI in question to gain ethics approval from a competent local or national authority. The PI remains responsible for gaining ethics approval and implementing it."

Note: The EAB cannot provide ethics approval.

4.4 PORE & HBP Ethics Map

Where this ethics compliance process raises new or unexpected ethical issues or issues that are not dealt with, these new issues are put into PORE (Point of Registration, see separate PORE SOP for further explanation) to ensure that they are followed up appropriately.

Also as part of the broader Ethics Management activities, all SPs are asked on an annual basis to comment on their representation on the HBP Ethics Map. They will be asked to state whether the issues, including compliance issues, are current and whether any new issues have surfaced. Where this is the case, such new issues will be fed into the ethics management system via PORE.

4.5 Archiving, filing and access to documents

The HBP Ethics Registry together with all related compliance documentation stored in the secure "Tresorit" system (https://tresorit.com/) is made available to all SP Managers, the EAB and to the EC.

4.6 Ethics Compliance Report

An Ethics Compliance Report will be produced to coincide with any EC ethical audit / review in the SGA period.

A brief outline of the report is as follows:

- Objectives & Work Carried out to Attain the Objectives:

  (In essence this is what is outlined in this SOP.)

- Results & Findings:

  This will include: the Ethics Registry with information from the internal check summaries from the Ethics Compliance Management team, any involvement with the EAB if applicable; and any issues put into PORE.

- Conclusion:

  The above work and findings will form a sound basis to form a conclusion on the adequacy of ethical compliance within HBP.

5 Appendix: Special clauses in the Human Brain Project, F7 Grant Agreement contract no: 6014102

Article 7.6   Special Clause No 15 - Ethical review

1. The beneficiary(ies) shall provide the Commission with a written confirmation that it has V received (a) favourable opinion(s) of the relevant ethics committee(s) and, if applicable, the regulatory approval(s) of the competent national or local authority(ies) in the country in which the research is to be carried out before beginning any Commission approved research requiring such opinions or approvals. The copy of the official approval from the relevant national or local ethics committees must also be provided to the Commission.

2. The beneficiary(ies) shall ensure that, where an ethical review has been carried out by the Commission, the research carried out under the project fully complies with the following additional requirements resulting from the ethical review:

Assuring that the Project will be undertaken in line with ethical requirements set for FP7, with — details on all processes to be followed with regards to all aspects of research that raise ethical ` issues, and that handling of ethical issues is integrated well in this complex project. In ' particular:

Animal Experiments

- Clarifying which species other than rodents will be used in animal experiments.

- Providing copies of ethical approvals/opinions/notifications prior to the commencement of E the relevant research.

Human Research Participants

- Providing copies of ethical approvals regarding research involving healthy volunteers, patients, people unable to give consent, including children, human biological samples, data protection, and privacy prior to the commencement of the relevant research.

- Providing information on the procedures that will be used for the recruitment of the participants.

- Providing copies of examples of Informed Consent Forms and Information Sheets prior to undertaking the relevant parts of the study.

Data Protection and Privacy

- Presenting clearly what ethical issues will arise, how these will be handled, and:

- describing what personal data will be used in the project and which issues will be used by it and then

- suggesting clearly and in detail how it will handle these issues on a per case basis (also g exploiting the implications of different technology—driven decisions e.g. supercomputers or local E databases).

- Regarding data sharing, data protection must not be compromised, as the European Parliament is set to strengthen personal data protection and until then Directive 95/46/EC (Data Protection Directive) is compulsory. For the foreseen Medical Informatics platform's ability to enable researchers to contribute data through a web interface, it has also to be clarified what kind of data will be allowed and under what conditions.

Ethical Governance

- Providing a timetable with deadlines for the establishment of the Research Ethics Committee (REC) and its relevant work[2],

- Ensuring that all deadlines, milestones and deliverables that are affected by ethical issues can be kept, i.e. the REC timetable is aligned with tasks that need guidelines to start its work (eg. in V gathering data, research on animals, patients etc) and "security systems to protect anonymity of human data" in the neuroinformatics platform are in place in time.

- Ensuring that the composition of the REC includes all required ethical skills, e,g,. in data ` protection and privacy.

Scope of work and potential misuse

- Providing a timetable for the establishment of ELSA and it should be aligned with dependent research tasks.

- Providing a detailed plan, including Deliverables and Milestones, for ELSA to investigate _ potential 'mission <:reep' including misuse of the research results, improper data disclosure scenarios etc.

- Clarifying what risks might be attached to project results being used for socially unacceptable purposes, such as by terrorist organizations, etc. and what are the safeguards in the project to minimize the possibility of such misuse occurring.

---

[2] REC (Research Ethics Committee) and ELSA (Ethical and Legal Aspects Committee) have been merged into the Ethics Advisory Board, following the first annual review.

Article 7.7 Special clause n°16 - CLINICAL Research

1. The beneficiary(ies) shall provide the Commission with a statement confirming that it has received (a) favourable opinion(s) of the relevant ethics committee(s) and, if applicable, the regulatory approval of the competent national authority(ies) in the country concerned before beginning any biomedical research involving human beings.

2. For biomedical research involving human beings including clinical or other trials, the Commission shall never be considered as a sponsor for clinical trials in the sense of Directive Q 2001/20/EC of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use.

Annex I shall indicate the name(s) of any such sponsor(s).

For trials not covered by Directive 2001/20/EC, Annex I shall indicate the name of the person or organisation that is responsible for the initiation, co-ordination and monitoring of the trial.