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**Form RE1**

**Research Ethics Checklist**

July 2022

**Submitted to College Ethics Panel (CEP)**

**Note:** *All Regent College London researchers must use this form where human participants, potentially sensitive material or a potential reputational risk forms part of their project.*

This checklist should be completed for every research project. It is used to identify whether a full application for ethics approval needs to be submitted.

**Before completing this form,** review all documents and guidance on the RCL Research Ethics Framework webpage, including the ‘RCL Code of Practice for Ethical Research Involving Human Participants’ and the ‘RCL Scope of the Code of Practice’ documents.

***This checklist must be completed before potential participants are approached to take part in any research.***

**Section 1: Applicant Details**

|  |  |
| --- | --- |
| 1. Name of Principal Investigator (Researcher) (applicant): |  |
| 2. Status (staff, undergraduate or postgraduate student): |  |
| 3. Regent College email address: |  |
| 4. Contact address: |  |
| 5. Telephone number: |  |
| 6. Project title: |  |
| 7. Academic school or department: |  |
| 8. Head of School or Line Manager’s name: |  |
| 9. Head of School or Line Manager’s Regent College email address: |  |
| **Additional comments from Researcher and/or from HoS/Line Manager (optional):** | |

**Declaration by Researcher***(Please check the appropriate boxes)*

|  |  |
| --- | --- |
|  | I have read the College’s Code of Practice |
|  | The topic merits further research |
|  | I have the skills to carry out the research |
|  | The participant information sheet, if needed, is appropriate |
|  | The procedures for recruitment and obtaining informed consent, if needed, are appropriate |
|  | The research is exempt from further ethics review according to current College guidelines |
|  | Where relevant, I have read the ethical guidelines of the regulatory body that is relevant to my discipline and verify that the research adheres to these guidelines |

**Section 2: Research Checklist** (*Please answer each question by selecting the appropriate response)*

|  |  |
| --- | --- |
|  | **YES/NO** |
| 1. Will the study involve participants who are particularly vulnerable or who may be unable to give informed consent (e.g. your own students, children, people with learning disabilities, emotional difficulties, problems with understanding and/or communication)? | Choose an item. |
| 2. Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited (e.g. students at school, members of self-help group, residents of nursing home)? | Choose an item. |
| 3. Will deception be necessary, i.e. will participants take part without knowing the true purpose of the study or without their knowledge/consent at the time (e.g. covert observation of people in non-public places)? | Choose an item. |
| 4. Will the study involve discussion of topics which the participants (or readers of the research) may find sensitive or disturbing (e.g. sexual activity, drug use, controversial/extreme texts)? | Choose an item. |
| 5. Will drugs, placebos or other substances (e.g. food substances, alcohol, nicotine, vitamins) be administered to or ingested by participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind? | Choose an item. |
| 6. Will human blood or tissue samples be obtained for use in the research? | Choose an item. |
| 7. Will pain or more than mild discomfort be likely to result from the study? | Choose an item. |
| 8. Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life? | Choose an item. |
| 9. Will the study involve prolonged or repetitive testing? | Choose an item. |
| 10. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants? | Choose an item. |
| 11. Will participants’ right to withdraw from the study at any time be withheld or not made explicit? | Choose an item. |
| 12. Will participants’ anonymity be compromised or their right to anonymity be withheld or information they give be identifiable as theirs? | Choose an item. |
| 13. Might permission for the study need to be sought from the researcher’s or from participants’ employer? | Choose an item. |
| 14. Will the study involve recruitment of patients or staff through the NHS? | Choose an item. |
| 15. Does the research have any potential implications for the reputation of the College? | Choose an item. |
| 16. Does the research involve socially or politically sensitive (actual or potential) topics? | Choose an item. |
| 17. Will the research have the potential to uncover or highlight illegal or potentially harmful activities? | Choose an item. |

**If ALL items in the Declaration are checked and all items in the Section 2 checklist have been answered NO;** **send this completed and signed Form RE1 to the College Ethics Panel (CEP)** for information. You should receive a signed copy in return from the CEP. You may proceed with the research but should follow any subsequent guidance or requests from the CEP where appropriate.

**If Question 6 in the Section 2 checklist has been answered YES**; Regent College London does not hold a Human Tissue Authority (HTA) licence. Therefore, no researcher at the College can store human tissue (which may be body parts, organs, tissue, cells, bodily waste products, including blood, serum, plasma, etc.). **You cannot proceed with your research at this stage.**

**If Question 14** **in the Section 2 checklist has been answered YES**; you will have to submit an application to the appropriate external NHS ethics committee for approval. After you have received approval from the NHS you should then submit an RE2(U) form together with a copy of the NHS approval to the CEP to consider your request. **You cannot proceed with your research at this stage.**

**If Question 15 and/or Q17 in the Section 2 checklist has been answered YES**; you will need to complete an RE2(U) form and send it together with this RE1 form to the CEP to consider your request. **You cannot proceed with your research at this stage.**

**If ANY of the items in the Declaration are not checked AND / OR if you have answered YES to questions in Section 2 (apart from Q6, Q14, Q15, or Q17)**; you will need to describe more fully in Section 3 of this form how you plan to deal with the ethical issues raised by your research. **This does not mean that you cannot do the research, only that your proposal will need to be approved by the CEP**. You will be guided on completion of form RE2(U).

**Section 3: Addressing Ethical Problems**

If you have answered YES to any of the questions in Section 2 (apart from Q6, Q14, Q15, or Q17) please complete below and submit the form to the CEP.

|  |
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| **Project Title** |
|  |

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| **Principal Investigator (Researcher)** |
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| --- |
| **Head of School or Line Manager** |
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| --- |
| **Summary of issues and action to be taken to address the ethics problem(s)** |
|  |

Please note that it is your responsibility to follow the College’s ‘RCL Code of Practice for Ethical Research Involving Human Participants’ and the ‘RCL Scope of the Code of Practice’ alongside any relevant academic or professional guidelines in the conduct of your study. **This includes providing appropriate information sheets and consent forms, and ensuring confidentiality in the storage and use of data**.

You may only conduct your research in line with the ethical approval received. Any significant change to the design or conduct of the research should be notified to the College Ethics Panel using form RE4 and may require a new application for ethics approval. You must stop your research until this variation is approved.

Signed:

(Principal Investigator)

Date:

Approved:

(College Ethics Panel)

Date:

**For use by CEP:**

|  |  |
| --- | --- |
|  | **Tick all that apply** |
| No ethical problems are raised by this proposed study |  |
| Appropriate action taken to maintain ethical standards |  |
| The research protocol should be revised to eliminate the ethical concerns or reduce them to an acceptable level, using the attached suggestions |  |
| Please submit College Application for Ethics Approval (Form RE2(U)) |  |

CEP designated person name:

Signed:

Date: