TITLE	Informed Consent in Research Guide
TARGET AUDIENCE	All Cabrini staff, Visiting Medical Officers (VMO's) and external collaborators engaged in research activity at Cabrini
SCOPE	All Cabrini Clinical Sites and Services where research is conducted.

Table of Contents

1. PURPOSE

To describe the regulations and guidelines for obtaining informed consent to participate in research at Cabrini, and procedures and documentation management relevant to the initial and ongoing informed consent process, including consenting via telehealth. Guidance is provided for managing participant recruitment in research that may not involve explicit consent, such as a waiver of the requirement for consent, implied consent or an opt-out approach. This document is part of a suite of research policies and guides that underpin the overarching *Cabrini Research Governance Framework* (internal document located on Prompt).

This guidance applies to all human research conducted at any Cabrini site. It captures research conducted by all Cabrini staff, VMOs, volunteers, students, honorary appointees, contractors, officers and other external collaborators engaged in research activity at Cabrini (**Staff**). It includes research where Cabrini is a participating site of a broader, multisite research project or where Cabrini is collaborating with another institute on research.

The policy and procedures for consenting patients to standard of care medical treatment is addressed in Cabrini's *Consent to Medical Treatment policy* (internal document located on Prompt), as opposed to this guide which only addresses research activity that sit outside of standard clinical care.

2. ACRONYMS and DEFINITIONS

2.1 Acronyms

AI	Associate Investigator – a senior member of the trials or research team, supervised by the PI and designated to perform study-related procedures and to make important study-related decisions.
CRGO	Cabrini Research Governance Office
HREC	A Human Research Ethics Committee reviews research proposals involving human participants to ensure that they are ethically acceptable and in accordance with relevant standards and guidelines, such as the National Statement. HRECs are usually established by organisations (public, not-for-profit or private) which conduct research involving humans.
ICH GCP	International Council For Harmonisation Of Technical Requirements For Pharmaceuticals For Human Use (ICH) Guidelines for Good Clinical Practice (GCP). The ICH GCP is an internationally accepted standard for the designing, conducting, performance, monitoring, auditing, recording, analyses and reporting of clinical trials that involve human participants.
PI	Principal Investigator – the person responsible, individually or as the leader of a team, for the conduct of a clinical trial or research project at a site.
PICF	Participant Information Consent Form - the written information approved for use to provide information to potential participants and to record their decision to participate.
PIS	Participant Information Sheet - the written information approved for use to provide information to potential participants.
SOP	Standard Operating Procedures

2.2 Definitions

Coercion	Coercion occurs when an overt or implicit threat of harm (such as loss of services or access to programs to which the potential participant is otherwise entitled) is intentionally presented by one person to another in order to obtain compliance or research participation.
Delegation of Duties Log	An essential document used to demonstrate that the site Principal Investigator (PI) has authorised appropriately trained and qualified individuals to undertake certain study- / trial-related tasks. This log should clearly state the name of the person, their role and the activities they are delegated by the PI as well as being signed and dated by the PI prior to the activity being undertaken by the individual.
Essential Documents	Documents which individually and collectively permit evaluation of the conduct of a study and the quality of the data produced. These documents serve to demonstrate the compliance of the PI, Sponsor and monitor with the standards of Good Clinical Practice (GCP) and with all applicable regulatory requirements. They may be subject to, and should be available for, audit by the Sponsor's auditor and inspection by regulatory authority(ies).
Health Literacy	How people understand information about health and healthcare, and how they apply that information to their lives, use it to make decisions and act on it.
Individually Identifiable Information	Where the identity of a specific individual can reasonably be ascertained. Examples of identifiers include the individual's name, image, date of birth or address.

Informed Consent	ICH GCP 1.28 defines informed consent as a process by which a subject (participant) voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's (participant's) decision to participate. Informed consent is documented by means of a written, signed and dated informed consent form.
Implied Consent	When a participant passively cooperates in a process without discussion or formal consent, such as completing a survey. A participant may be advised in a PIS their consent is implied through the act of completing the survey.
National Statement	National Statement on Ethical Conduct in Human Research as published by the National Health Medical Research Council (NHMRC).
Non-identifiable information	Data which have never been labelled with individual identifiers or from which identifiers have been permanently removed, and by means of which no specific individual can be identified.
Opt-Out	A method used in the recruitment of participants into research where information is provided to the potential participant regarding the research and their involvement, and where their participation is presumed unless they take action to decline to participate.
Personal Information	Information or an opinion about an identified individual, or an individual who is reasonably identifiable: (a) whether the information or opinion is true or not; and (b) whether the information or opinion is recorded in a material form or not.
Person Responsible / Medical Treatment Decision Maker	The Person Responsible / Medical Treatment Decision Maker is formally appointed to make medical treatment decisions on the person's behalf if they do not have capacity to make the decision.
Primary Site	Under the Teletrials Model, the Primary Site coordinates the trial across a cluster to enhance participant reach, recruitment and management. The Principal Investigator located at the Primary Site has full responsibility for conducting the clinical trial at their site and any Satellite Site within their cluster under ICH GCP.
Re-identifiable information	Data from which identifiers have been removed and replaced by a code, but it remains possible to re-identify a specific individual by, for example, using the code or linking different data sets.
Satellite Site	A Satellite Site is located in a geographically separate health facility and trial activities are delegated by the Primary Site (clinical trial site) to the Satellite Site, to enable performance of activities associated with the conduct of a clinical trial at the Satellite Site and to support trial accessibility of remote participants to a clinical trial.
Source Documents	Original documents (where the Source Data was first recorded), data, and records (e.g. medical/hospital records, clinical and office charts, laboratory notes, memoranda, participants' diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate copies, microfiches, photographic negatives, microfilm or magnetic media, x-rays, participant files, and records kept at the pharmacy, at the laboratories and at medico-technical departments involved in the clinical trial). Source Documents substantiate the existence of the participant and integrity of trial data collected.
Study Master File	Study Master File (also known as an Investigator Site File) - A folder containing all the study related Essential Documentation/Source Documents as defined by the study team and in accordance with ICH GCP E6 (R2), Section 8.2, 8.3 and 8.4 that should be established at the beginning of a trial both at the Investigator/Institution's site and at the Sponsor's office.
Teletrial	A teletrial uses telehealth technology to conduct all or part of a clinical trial at a Satellite Site under the supervision of a Primary Site. A Principal Investigator, at the Primary Site, is responsible for the trial and supervises the Associate Investigator/s at the Satellite Site/s.
Undue Influence	The use of persuasion, authority figures or the offer of an excessive or inappropriate reward or other overture in order to obtain research participation or compliance.
Waiver of the requirement for Consent	Defined circumstances under which researchers may use tissue or data without first obtaining consent from the individuals involved.

3. OVERVIEW

Cabrini is committed to ensuring research is conducted in accordance with the ICH GCP R2, the National Statement on Ethical Conduct in Human Research 2023 (herein referred to as the National Statement), the National Clinical Trials Governance Framework (NCTGF) and other applicable standards. Cabrini recognises the importance of safe and ethical research and acknowledges that consent forms a key part of this.

All Staff involved in research must comply with the National Statement Chapter 2.2 General Requirements for Consent, the NCTGF (including the Roles and Functions of Identified Positions) and adhere to the ethical principles of ICH GCP R2. Item 2.9 of the Principles of ICH GCP states that *'Freely given informed consent should be obtained from every subject* (participant) *prior to clinical trial participation'* for therapeutic clinical trials research.

Informed consent is a process of information exchange that culminates in a potential research / trial participant (or their person responsible / medical treatment decision maker – hereon in referred to as medical treatment decision maker) confirming willingness to participate, and to continue to participate, in a study. For clinical trials and any interventional research involving human participants, consent must be:

- documented using a written, hand- or electronically-signed and dated participant information and consent form (PICF);
- voluntary and based on sufficient information and adequate understanding of both the proposed research and the implications of participation, including the risks and potential benefits of (and alternatives to) taking part; and
- obtained before the first study-specific procedure or intervention is undertaken.

Other types of research do permit an alternate pathway to explicit, written consent. This type of research is generally lower risk, and may allow for conditions where consent may be waived, or consent may be provided via an implied or opt-out approach. Refer to the NHMRC's Ethical Considerations in Quality Assurance and Evaluation Activities guide 2014 for the parameters in which non-HREC review can occur.

Although this guide applies to all Cabrini Research units, some departments may have internal SOPs that are more prescriptive and specific to the nature of their studies. Copies of these SOPs should be shared with CRGO for review to ensure these SOPs align with this guide.

4. ROLES AND RESPONSIBILITIES

4.1 Principal Investigator

The Principal Investigator (PI) for any research project retains overall responsibility for ensuring a participant's consent has been obtained in the correct manner prior to the participant's entry into the project. The PI can delegate the duty for obtaining consent to a suitably qualified Associate Investigator (AI). Delegation of all activities must be recorded in a delegation log or similar. The PI remains responsible for any delegated activity.

4.2 Associate Investigator

The Associated Investigator (AI) is a senior member of the clinical trial / research team designated and supervised by the PI at a trial site to perform study-related procedures (including obtaining consent) and/or to make important study-related decisions.

4.3 Clinical Trials or Study Coordinator

The Clinical Trials or Study Coordinator liaises between the PI, HREC and local research office, and works collaboratively with the governing body, clinicians, patients, trial participants, consumers and

sponsors. A study coordinator is not eligible to obtain consent from participants however is responsible for maintaining essential documents in the investigator study master file (SMF), which includes the informed consent documents. The PI maintains overarching responsibility for the SMF.

4.4 Researcher Training

Any Cabrini researcher responsible for obtaining consent must have completed their Good Clinical Practice training and provide a current and valid certificate to CRGO. Cabrini recommends A-CTEC's ***Good Clinical Practice = Good Research Practice*** course which is available via Australian Clinical Trials Education Centre (A-CTEC) and takes approximately 1.5-2 hours to complete, and can be undertaken at any time.

A ***Welcome to PI Oversight and Trial Management*** 1 hour online course is available via A-CTEC and includes a module called ***Role of PI in recruitment and requirements for informed consent***.

The ***Research Integrity and the Code*** course (A-CTEC) is mandated for all Cabrini PIs and takes 30 minutes to complete.

The Global Health Training Centre also delivers a program called ***Introduction to Informed Consent***.

Capacity Australia promotes an individual's rights to make their own decisions and provides resources to health professionals and consumers to aid this process.

There are a growing number of educational resources available to consumers wishing to be involved in research that have been developed by Monash Partners, Cancer Council, Western Australian Health Translation Network (WAHTN), the Australian Commission on Safety and Quality in Healthcare, Australian Clinical Trials Alliance and the Victorian Comprehensive Cancer Centre. Researchers would benefit from reviewing these resources to engage consumers in their study design and to ensure research methodology and the consent process have a consumer focus from the outset.

5. PROCEDURE

5.1 Establishing the Informed Consent Process

5.1.1 PICF Inclusions

The National Statement 2.2.6 requires the following information to be communicated to participants to enable a voluntary decision to be made about participation:

a. any alternatives to participation;
b. how the research will be monitored;
c. provision of services to participants adversely affected by the research;
d. contact details of a person to receive complaints;
e. contact details of the researchers;
f. how privacy and confidentiality will be protected;
g. the participant's right to withdraw from further participation at any stage, along with any implications of withdrawal, and whether it will be possible to withdraw data;
h. the amounts and sources of funding for the research;
i. financial or other relevant declarations of interests of researchers, sponsors or institutions;
j. any payments to participants;
k. the likelihood and form of dissemination of the research results, including publication;
l. any expected benefits to the wider community; and
m. any other relevant information, including research-specific information required under other chapters of the National Statement.

Researchers should refer to ICH GCP 4.8.10 items a) to t) for the full list of informed consent inclusions required for clinical trials. These have been factored into the Victorian Governments Clinical Trials PICF templates which are available for download via the Clinical Trials and Research Coordinating Office.

5.1.2 Reading and Comprehension Level

ICH GCP 4.8.6 and the National Statement Chapter 2.2 require the language used in the oral and written information about the study, including the written PICF, to be as non-technical (Year 8 reading level) as practical and should be understandable to the participant or the participant's medical treatment decision maker and the impartial witness where applicable.

5.1.3 Cabrini-Specific Wording

CRGO mandates the inclusion of specific wording in Cabrini PICFs and PIS' related to:

- Catholic Health considerations e.g. those related to pregnancy;
- private health information about the potential out of pocket expenses;
- privacy and overseas data transfer;
- CRGO's governance review statement confirming Cabrini's endorsement of the study;
- complaints contact details; and
- information and QR codes related to Australian Healthcare Rights and Open Disclosure information.

Refer to Cabrini's Site Specific PICF Checklist for the required wording and QR codes.

CRGO recommends the use of nationally-accepted PICF templates such as those published by the NHMRC and the Victorian Government's Clinical Trials and Research Coordinating Office. An informative but concise PICF using simple language is always preferred. Risks related to standard of care procedures do not need to be stated in PICFs. Only risks related to the research intervention should be clearly articulated to minimise unnecessarily lengthy documents. This includes the effective dose limits of ionising radiation resulting from research-specific medical imaging and radiation trial therapies. Researchers must comply with the Victorian and Federal Government edicts regarding information disclosure. Where conflict exists between the 2, the Federal Government directive will be adopted.

5.1.4 Participant Reimbursements

The National Statement 2.2.10 supports reimbursement of costs to research participants such as travel, accommodation and parking. However, payment that is disproportionate to the time involved, or any other inducement that is likely to encourage participants to take risks, is ethically unacceptable.

5.1.5 Coercion and Undue Influence

The National Statement 2.2.9 states that *'No person should be subject to coercion or pressure in deciding whether to participate. Even where there is no overt coercion or pressure, consent might reflect deference to the researcher's perceived position of power, or to someone else's wishes. Here as always, a person should be included as a participant only if his or her consent is voluntary.'*

Important considerations are:

- How, when, where, and who will perform recruitment and consenting to minimise or remove the possibility of undue influence.
- The PI must undertake appropriate training and familiarise themselves with National Statement 3.1.18 in relation to recruitment of participants such as patients, co-workers or employees.
- The PI must consider issues of addressing a potential power imbalance, avoiding coercion or exploitation, and the impact of recruitment on existing relationships.

- A statement must always be included in PICFs and PIS' reminding participants that their participation must be voluntary and their choice to not participate will in no way impact their relation with Cabrini Health and the care they receive.

5.1.6 Consent to Future Use of Data and Tissue in Research

The National Statement 2.2.14 specifies that consent may be:
(a) 'specific': limited to the specific project under consideration;
(b) 'extended': given for the use of data or tissue in future research projects that are:
(i) an extension of, or closely related to, the original project; or
(ii) in the same general area of research (for example, genealogical, ethnographical, epidemiological, or chronic illness research); or
(c) 'unspecified': given for the use of data or tissue in any future research.

The PICF must disclose the study's intention for future use of data and tissue in research and seek appropriate consent. The consent page of the PICF must include tick boxes enabling the participant to consent to (or decline participation in) specific, extended and/or future research if some or all are proposed.

Where unspecified consent is sought, the PICF must detail the terms and wide-ranging implications associated with participation, as comprehensively as possible (including examples). An accompanying statement must inform participants that the complete scope of potential use is unknown, but that all subsequent, unrelated work involving the information in question will be reviewed and approved by an appropriately constituted HREC prior to use.

5.1.7 Privacy

Whether obtaining explicit consent or in circumstances when it is impracticable to obtain an individual's explicit consent for research involving identifiable information, researchers must comply with the NHMRC's Guidelines under Section 95 of the Privacy Act 1988 (s95 guidelines) or the NHMRC Guidelines approved under Section 95A of the Privacy Act 1988 (s95A guidelines) (as applicable) to ensure that their handling of personal information does not breach the Privacy Act 1988.

13 Australian Privacy Principles (APPs) provide the framework for the Privacy Act 1988. AAP6 outlines that an APP entity can only use or disclose personal information for a purpose for which it was collected (known as the '**primary purpose**'), or for a **secondary purpose** if an exception applies. The exceptions include (but are not limited to) where:

- the individual has consented to a secondary use or disclosure;
- the individual would reasonably expect the APP entity to use or disclose their personal information for the secondary purpose, and that purpose is related to the primary purpose of collection, or, in the case of sensitive information, directly related to the primary purpose; or
- the secondary use or disclosure is required or authorised by or under an Australian law.

An example of 'related secondary purpose' is quality assurance activity where the project involves access to identified data by clinicians or administrative staff who normally have access to that data. If the purpose goes beyond quality assurance i.e. research, or access is required by someone who would not normally have access to that data, then a *waiver of the requirement for consent* must be justified, addressing 2.3.10 of the *National Statement*, and sought via an HREC.

APP8 address cross-border disclosure of personal information. APP8 requires Cabrini to ensure that an overseas recipient will handle an individual's personal information in accordance with the APPs, and makes the APP entity accountable if the overseas recipient mishandles the information.

Cabrini is also governed by the Victorian Health Records Act 2001 to which researchers must comply. A summary of the 12 rights and principles (HPPs) of the Acts is available from the Department of Health or a full copy of the Act is available here.

Researchers must also comply with Cabrini's Privacy Policy and other privacy procedures.

5.2 Obtaining Informed Consent

5.2.1 Approvals

The PI must ensure they have appropriate HREC and CRGO approval for all written information and supporting media before it can be shared with a participant for an informed consent discussion.

When changes have been made to approved Participant Information resources, the PI must have the relevant HREC's and CRGO written approval before these may be used to obtain consent or request / renegotiate continued consent from any participant.

5.2.2 Providing and Explaining the Research Information

If a potential participant or their medical treatment decision maker expresses interest in participating in a research study, the PI must ensure they:

- Have a copy of the current version of the HREC-approved participant information and other approved media. This can be provided in person, by telehealth or by telephone and email or weblink.
- Are given adequate time to read any information or to watch any approved media and to discuss with any family and friends and/or their family doctor, prior to agreeing to participate.
- Offer the opportunity to bring a friend or family to any meeting with the PI.

In therapeutic clinical trials, whilst delegates such as Study Coordinators/Nurses or other appropriately qualified research staff may initiate the process of recruitment, and provide guidance around the written information and media, all medical questions must be answered only by medically qualified persons working within their scope of practice and appropriate to oversee the use of an unregistered medicine or device.

For research studies involving an intervention other than medicinal or device, consent must be obtained by the PI as per the methods outlined in the protocol which has been approved by an HREC or alternate authorised ethical review body.

5.2.3 Comprehending the research

Cabrini Research abides by Cabrini Health's *Health Literacy Policy* (internal document located on Prompt) which provides a framework for the ongoing development of a health literacy environment that supports effective partnerships between patients and staff.

Research participants must have sufficient time and opportunity to ask questions prior to consent, and this process must be documented. Participants must have an adequate understanding of the purpose, methods, demands, risks, and potential benefits of the research.

Increasing diversity, equity and inclusion in research is necessary to ensure it is representative of the population it wishes to serves, and leads to better research. Ways to improve diverse representation can be achieved by ensuring that PICFs are available in a variety of languages. Translation and interpreter services should be accounted for in protocol, PICF and research budget development, and in the initial and ongoing informed consent discussion.

Clinical Trial participants are provided with a copy of Cabrini's 'Your healthcare rights' brochure during to their informed consent discussion. Translations of the Australian Charter of Healthcare Rights are available on the Australian Commission on Safety and Quality in Healthcare (the Commission) website and included as a QR code in all Cabrini PICFs and PIS'.

Resources continue to be sourced and developed to aid health literacy among Cabrini research participants and consumers. Cabrini's own Partnering with Consumers in Research – Guide for Consumers and Partnering with Consumers in Research – Guide for Researchers are available on the Cabrini website. Other examples include the Consumer Involvement & Engagement Toolkit produced by the Australian Clinical Trials Alliance, consumer engagement forums delivered by the health research translation centres (e.g. Monash Partners, MACH, VCCC), and specific health literacy training such as the courses delivered by the Centre for Culture Ethnicity and Health. The Victorian Government has commissioned the Centre for Culture Ethnicity and Health to develop Health Translations, a free online library of high-quality translated Australian health and wellbeing information.

The Commission describes shared decision making as involving discussion between a consumer and their healthcare provider. It is about bringing together the consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person. The Commission provides a suite of resources - including tools to communicate and set goals of care - to support Cabrini PIs, consumers and potential participant about making decisions related to research.

5.2.4 Decision-Making Capacity

Researchers are advised to read the medical research section of A Guide to the Medical Treatment Planning and Decisions Act 2016: for health practitioners (2nd edition) which provides the process for obtaining consent to medical research procedures for people without decision-making capacity. A 'medical research procedure' that requires consent in accordance with the Act is a procedure carried out for the purposes of medical research, including as part of a clinical trial, the administration of pharmaceuticals or the use of equipment or a device.

The Medical Treatment Planning and Decisions Act 2016 (Vic) states that to have decision-making capacity, a person must be able to:

(a) understand the information relevant to the decision and the effect of the decision
(b) retain that information to the extent necessary to make the decision
(c) use or weigh that information as part of the process of making the decision, and
(d) communicate the decision and the person's views and needs as to the decision in some way, including by speech, gestures or other means.

The PI must assess the potential participant's understanding of what they are agreeing to, that they are aware of the purpose of the study, what will be involved and any risks that may exist. The PI must answer any questions fully and use their clinical judgement to ensure the participant has understood the information conveyed.

Reznick's Cognitive Capacity Checklist *(Resnick, B., et al. (2007). "Reliability and validity of the Evaluation to Sign Consent measure." The Gerontologist 47(1): 69-77* can be used as a tool to ascertain a person's ability to provide informed consent for themselves.

Where a potential participant lacks the capacity to consent, a medical treatment decision maker (or appropriate statutory body exercising lawful authority for the potential participant) should be provided with relevant information and decide whether he or she will participate. That decision must not be contrary to the person's best interests. The PI should bear in mind that the capacity to consent may

fluctuate, and even without that capacity people may have some understanding of the research and the benefits and burdens of their participation.

The participants or their medical treatment decision maker must demonstrate that they fully understand the implications of decisions that may be made within the course of the research.

The Medical Treatment Planning and Decisions Act 2016 (Vic) requires the medical treatment decision maker to make the decision they reasonably believe the person would have made if the person had decision-making capacity. The Act prescribes that the medical treatment decision maker must:

- first consider any valid and relevant values directive
- next consider any other relevant preferences that the person has expressed and the circumstances in which the preferences were expressed
- in a case where the medical treatment decision maker is unable to identify any relevant preferences, consider the person's values, whether expressed by the person or inferred from the person's life.

In making a decision, the medical treatment decision maker must also consider:

- the likely effects and consequences of the medical treatment, including the likely effectiveness, and whether these are consistent with the person's preferences and values.
- alternative treatment options, including not providing treatment. Given the medical treatment decision maker must either be appointed or have a close and continuing relationship with the person, it is expected they will have an understanding of the person and their values.

If the person's preferences and values cannot be ascertained, the medical treatment decision maker must make a decision that promotes the person's personal and social wellbeing, ensuring they respect the person's individuality. They must also consider the likely effects and consequences of the medical treatment, including the likely effectiveness, and whether these would promote the person's personal and social wellbeing.

5.2.5 Recording Explicit Consent

After all questions are satisfactorily answered, potential participants who wish to participate in the research will provide a record of their agreement either by physically signing a paper copy of the consent form or electronically signing a consent form using an approved format that accurately documents the time, date and authenticity of their signature.

The PI will countersign and date that the consent process has occurred. Ideally this will be done contemporaneously; however, under special circumstances related to the nature of the study the HREC may approve this signature to occur at a later time with appropriate documentation.

Once all parties have signed the informed consent documentation, the participant will receive a copy of this and all other written information and media used as part of the consent process. The original consent documentation will be kept in the SMF and a copy must be placed in the participant's medical record to indicate that person is participating in research as part of their medical care.

5.2.6 Consent in Emergency Situations

ICH GCP 4.8.15 states that in emergency situations, when prior consent of the participant is not possible, the consent of the participant's medical treatment decision maker, if present, should be requested. When neither prior consent of the participant or the participant's medical treatment decision maker is available, enrolment of the participant should require measures described in the HREC-approved protocol, to protect the rights, safety and well-being of the participant and to ensure compliance with applicable regulatory requirements.

The Medical Treatment Planning and Decisions Act 2016 (Vic) advises that the PI must believe, on reasonable grounds, that the medical research procedure is necessary, as a matter of urgency, to:

- save the person's life
- prevent serious damage to the person's health, or
- prevent the person from suffering or continuing to suffer significant pain or distress.

The participant or the participant's medical treatment decision maker should be informed about the trial as soon as possible and consent obtained to continue should be requested.

5.2.7 Witnesses and Interpreters

Witnesses are only required if they are providing a signature on behalf of a person who cannot read the PICF or sign themselves, or are attesting to a translation of the participant information provided (refer to ICH GCP Section 4.8.9).

Where the person giving consent is unable to read, is physically unable to sign or mark the document, or where a translator is being used for non-English speaking participants, they may give their consent orally in the presence of an impartial witness (i.e. someone not involved in the conduct of the trial). Witnesses must be 18+ years, and are not to be the PI, a member of the study team or their delegate.

The witness signs and personally dates the consent form to attest that the information in the PICF was read and explained to the participant or their medical treatment decision maker and that consent was freely given. In cases where translation is required, a professional interpreter can serve as an impartial witness. Interpreter services should be availed to facilitate diversity in recruitment.

5.2.8 Telehealth / eConsent

Telehealth and eConsent may be used for obtaining consent as long as the process has received HREC and CRGO approval, and the investigators conducting consent have received appropriate training.

eConsent may be the preferable option for teletrials, as consent signatures can be obtained contemporaneously at both Primary and Satellite Sites.

If informed consent is obtained by telehealth consultation, all persons who are not known to each other must produce identification to the other person to ensure verification of each person's identity and to confirm the identity of the participant who is giving valid consent.

A description of how study procedures, visits, assessments, collection of data and medical consultations will be undertaken (e.g. they may be conducted in person or via telehealth or a combination of both) are to be clearly detailed in the HREC-approved protocol and the PICF and clearly described to the participant during the consent process.

If informed consent is obtained by telephone, this must be recorded on the consent form and in the participant's health and medical record, and/or Source Document, stating (as an example): "The protocol was discussed with [participant's name] via telephone on [DD/MMM/YYYY].". Once the investigator has received the participant-signed physical consent form, they must sign the consent form on the date received, not the date they obtained phone consent. Stringent measures must be in place to ensure privacy and confidentiality of the participant's identity.

5.2.9 Consent from Populations Requiring Specific Ethical Considerations

Researchers should review National Statement Section 4 for guidelines relating to research merit and integrity, justice, beneficence and respect when intending to recruit participants from the following populations:

Chapter 4.1: Women who are pregnant and the human fetus,
Chapter 4.2: Children and young people
Chapter 4.3: People in dependent or unequal relationships
Chapter 4.4: People highly dependent on medical care who may be unable to give consent,
Chapter 4.5: People with a cognitive impairment, an intellectual disability, or a mental illness,
Chapter 4.6: People who may be involved in illegal activities,
Chapter 4.7: Aboriginal and Torres Strait Islander Peoples, and
Chapter 4.8: People in other countries.

In all instances, HREC approval is required before governance review will be considered. Some participants (such as minors, or patients/participants with severe dementia), can only be enrolled in a clinical trial with the consent of a medical treatment decision maker or guardian.

5.2.10 Research Involving Participants who are Unable to Give Consent

In respect to research involving participants who are unable to given consent, the PI must ensure that the National Statement, Chapter 2.2 and ICH GCP E6 (R2) 4.8.15 are complied with, and the following is taken into consideration:

- The Declaration of Helsinki states that research involving participants who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research group.
- Where an adult is unable to give consent to participate in a study, once the investigator has received HREC approval, the investigator may apply under the relevant jurisdictional Act to obtain consent for the adult to participate in research that involves a 'medical research procedure' or 'experimental health care' – provided the relevant legislated criteria apply.

5.2.11 Informed Consent Documentation

Ensure the essential elements are present as described in the National Statement, Chapter 2.2 and ICH GCP E6 (R2) Section 4.8.10.

- The Master PICF is supplied by the Sponsor for commercial and collaborative research group studies. Any necessary national or local adaptation will be made as required for submission to the reviewing HREC, with a corresponding Cabrini site-specific adaptation subsequently submitted for governance review by CRGO.
- Once the PICF is signed and dated by both participant and the Investigator, the original PICF is kept in the participant's health and medical record and a copy is given to the participant.
- Storage of informed consent documents may be at the Satellite Site, at the Primary Site or at both sites. A 15 year retention period applies for clinical trials, 25 years for research involving children and 5 years for general research. Research data related to gene therapy, has community /historical/cultural heritage value, or the subject of controversy should be retained permanently.
- Where consent has been obtained by telehealth or telephone, once the PICF is signed and dated by both the participant and the PI (and any other person present e.g. an interpreter, witness), the participant is to tick the statement identifying that consent was obtained by telehealth or telephone with the name of the PI. Similarly, the PI is to tick the statement identifying that consent was obtained by telehealth or telephone with the name of the participant. The participant's original PICF is kept in the participant's health and medical record, a copy is given to the participant and:

- where paper records are kept, a certified copy of the participant's signed and dated PICF is sent to the Primary Site for filing in the participant's health and medical record with the PI's signed and dated original. PI is to add the date the participant's PICF was received.
- The PI must provide a copy of the PICF with PI signature if requested by the participant.

5.3 When New Information Arises

If changes are made to the protocol after the trial has started, the Sponsor must:

- contact the HREC to obtain ethical approval;
- seek CRGO approval for these changes; and
- discuss the need, or immediacy of need, to inform existing participants.

Should the changes impact a participant's involvement in the study, consent must be obtained regarding their willingness to remain on the study following their understanding of the trial changes.

The PI will ensure that all currently enrolled participants are re-contacted in a timely manner with the relevant new information as approved by an HREC. Unless there is a significant safety concern, HRECs will not usually require that participants be recontacted immediately. There are potential implications for blinding of any studies and care must be taken when developing the process for recontact.

Depending of the level of urgency, continued consent may be obtained verbally and recorded in the participant's medical records and source documents / ISF if approved by the HREC, until such time are signed re-consent is feasible.

Unnecessary re-consenting of participants is discouraged, particularly if they have completed treatment and are only in survival follow-up. Re-consenting will only be considered in the event of a *significant practice change* for a participant on active treatment, or a *new or increased risk* has been identified, resulting in a protocol amendment. Administrative or minor practice changes that do not have the potential to negatively or adversely affect a participant may be noted in a PICF update. Re-consenting can be deferred until a future amendment warrants re-consenting. Ethics specialists are advised to first check with the PI if they support re-consenting of proposed changes prior to CRGO submission.

5.4 Withdrawal of Consent

Participants may withdraw their consent at any time without giving a reason and without reprisal. The PICF must clearly the implications of withdrawal and articulate the scenarios in which a participant's data or specimens can no longer be withdrawn, retrieved or destroyed, such as after data analysis or publication.

Draft ICH GCP E6(R3) 2.9.2 recommends that although a participant is not obliged to provide a reason for withdrawing prematurely from a trial, the PI should make a reasonable effort to ascertain the reason(s), while fully respecting the participant's rights.

5.5 Implied Consent

This form of consent refers to when a participant passively cooperates in a process without discussion or formal consent, such as completing a survey, or participating in a focus group or interview. Implied consent is only appropriate for research activities that pose a risk no greater than inconvenience. Refer to NHMRC's Ethical Considerations in Quality Assurance and Evaluation Activities 2014 scenarios in which implied consent will be considered.

5.6 Waiver of the Requirement for Consent

Obtaining consent is always preferable when recruiting participants to research. However, instances may arise where seeking explicit consent is neither practical nor feasible. Chapter 2.3.9 of the National

Statement states that *only an* ***'HREC may grant a waiver of the requirement for consent for research using personal information in medical research, or personal health information.'***

The National Statement 2.3.10 stipulates that before deciding to waive the requirement for consent, an HREC or other review body must be satisfied that:

a. involvement in the research carries no more than low risk to participants
b. the benefits from the research justify any risks of harm associated with not seeking consent
c. it is impracticable to obtain consent (for example, due to the quantity, age or accessibility of records)
d. there is no known or likely reason for thinking that participants would not have consented if they had been asked
e. there is sufficient protection of their privacy
f. there is an adequate plan to protect the confidentiality of data
g. in case the results have significance for the participants' welfare there is, where practicable, a plan for making information arising from the research available to them (for example, via a disease-specific website or regional news media)
h. the possibility of commercial exploitation of derivatives of the data or tissue will not deprive the participants of any financial benefits to which they would be entitled
i. the waiver is not prohibited by State, federal, or international law.

CRGO operates within the guidelines of the National Statement and the NHMRC's Ethical Considerations in Quality Assurance and Evaluation Activities guide 2014 when providing ethical review of lower risk research. CRGO is unable to authorise waiver of consent requests – these projects will be referred on to a partner NHMRC-certified HREC.

Studies that have been granted a waiver of the requirement for consent will be included on a publically available list on the Cabrini Research website.

5.7 Opt-Out Approach

The National Statement 2.3.6 stipulates that an opt-out approach to participant recruitment is feasible where the project is of such scale and significance that using explicit consent is neither practical nor feasible, and the HREC (or authorised review body) is satisfied that:

a. involvement in the research carries no more than low risk to participants
b. the public interest in the proposed activity substantially outweighs the public interest in the protection of privacy
c. the research activity is likely to be compromised if the participation rate is not near complete, and the requirement for explicit consent would compromise the necessary level of participation
d. reasonable attempts are made to provide all prospective participants with appropriate plain language information explaining the nature of the information to be collected, the purpose of collecting it, and the procedure to decline participation or withdraw from the research
e. a reasonable time period is allowed between the provision of information to prospective participants and the use of their data so that an opportunity for them to decline to participate is provided before the research begins
f. a mechanism is provided for prospective participants to obtain further information and decline to participate
g. the data collected will be managed and maintained in accordance with relevant security standards
h. there is a governance process in place that delineates specific responsibility for the project and for the appropriate management of the data
i. the opt-out approach is not prohibited by State, federal, or international law.

The Opt-Out approach is not considered informed consent as there is no guarantee the participant has read the information which has prompted them with the choice to decline participation. Only a HREC can authorise use of an opt-out approach.

6 MONITORING AND BREACHES

CRGO audits will assess if informed consent is conducted according to institutional policy. Commercial and non-commercial sponsors schedule regular monitoring to confirm a record of consent and check compliance of the consent against policies, procedures and the study protocol. Breaches of Good Clinical Practice in obtaining informed consent are referenced in Cabrini's Monitoring of Research Policy.

7 TEMPLATES

The Victoria Government's Clinical Trials and Research Coordinating Office and the NHMRC publish nationally accepted PICF templates which are available for download. Templates are available for interventional studies (clinical trial, genetic), non-interventional (non-therapeutic studies, health/social science) studies, and PICFs for the participant, pregnant partners, parents or guardians, and medical treatment decision makers.

8 REVIEW

This guide is reviewed every 3 years or sooner if in response to national and state regulatory changes.

9 REFERENCES and ASSOCIATED DOCUMENTS

Integrated Addendum to ICH E6(R1): Guideline for Good Clinical Practice ICH E6(R2) Annotated with TGA comments
National Statement on Ethical Conduct in Human Research (2023)
National Standard Operating Procedures for Clinical Trials, including Teletrials, in Australia – SOP09
NHMRC's Guidelines under Section 95 of the Privacy Act 1988 (s95 guidelines)
NHMRC Guidelines approved under Section 95A of the Privacy Act 1988 (s95A guidelines)
13 Australian Privacy Principles (APPs)
12 (Victorian) Health Privacy Principles (HPPs)
Catholic Health Australia Code of Ethical Standards for Catholic Health and Aged Care
Cabrini Research Governance Handbook
Cabrini's Privacy Policy
A guide to the Medical Treatment Planning and Decisions Act 2016
NHMRC's Ethical Considerations in Quality Assurance and Evaluation Activities 2014
Clinical Trials and Research Coordinating Office including PICF templates
NHMRC Resources including PICF templates
Consumer Involvement & Engagement Toolkit
Australian Commission on Safety and Quality in Healthcare – Shared Decision Making
Australian Clinical Trials Education Centre
Global Health Training Centre
Capacity Australia
Centre for Culture Ethnicity and Health
Site Specific PICF Checklist
Partnering with Consumers in Research – Guide for Consumers
Partnering with Consumers in Research – Guide for Researchers
Reznick's Cognitive Capacity Checklist

Key Legislation and Standards

National Clinical Trials Governance Framework
Australian Privacy Principles
Health Records Act 2001
Medical Treatment Planning and Decisions Act 2016