CAT-B project ethics governance form

Only use this form for reviews of **research activity** that aims to generate transferable and generalisable new knowledge by addressing clearly defined research questions using systematic and rigorous methods. This may be primary or secondary research.

An RCOT ethics review panel will review **category B** research projects. Project leads or principal investigators should allow sufficient time for processing and review of the project ethics form and proposal. Please consult the RCOT project ethics and governance policy (PE1-22) and process (PE2-22) for details of timescales and procedures. Approval must be received before starting any research activity.

If a research project is reviewed by an NHS, social care, university or other external research ethics committee, please send evidence of the approval received to the RCOT Research and Development Manager. An RCOT ethics review panel is not normally needed.

To help you decide whether your study is research as defined by the *UK Policy Framework for Health and Social Care Research* (2020), the [HRA decision tool](http://www.hra-decisiontools.org.uk/research/) might be helpful.

All sections of this form must be completed in full and should be submitted electronically, together with a research proposal and any associated documents, to the R&D Administrator at RCOT [kinza.ahmad@rcot.co.uk](mailto:kinza.ahmad@rcot.co.uk). The form must be authorised by the relevant RCOT Director or Chair of UK branch before submission.

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| **Background and aims** |
| 1. Project title. |
| 1. RCOT team/branch undertaking the research project. |
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| 1. Aims of proposed research. |
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| 1. How does the research link to the RCOT business plan/what is the need? |
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| 1. Does the project have an agreed ‘sponsor’? Yes  No   **(The sponsor is the individual, organisation or group taking on responsibility for securing the arrangements to initiate, manage and finance a study.)**  Is it RCOT? Yes  No  If not, please name the ‘sponsor’:  If applicable, attach a copy of the contract agreeing the terms of their sponsorship. |

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| **Organisational details** | | | |
| 1. Please provide project lead/principal investigator’s name and relevant experience/skills. | | | |
| 1. Please list any other contributors, outlining their roles and responsibilities. | | | |
| 1. What is the agreed budget for undertaking the project? | | | |
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| 1. What resources are available to support the research (including staff time, library access etc.)? | | | |
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| 1. Please state the name of the person(s) giving permission for use of outlined resources. | | | |
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| 1. Will any resources or staff time be needed from health/social care services or higher education institutions (e.g., staff time to complete a questionnaire)?   Yes  No | | | |
| 1. Is approval required from an NHS/social care REC or other research ethics committee?   Yes  No  If yes, please describe these, and how any necessary permission will be sought (e.g., R&D permissions to access staff in an NHS Trust). | | | |
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| 1. Please outline the timescale of the project: | | | |
| Project start date: |  |  |  |
| Data collection start: |  | Data collection finish: |  |
| Writing up complete: |  | Results dissemination: |  |
| 1. Please describe arrangements for ongoing monitoring during the process of the research (if none, please explain briefly why this is not necessary). | | | |

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| **Participants** |
| 1. Who are the people you are targeting to participate in this project? (Specify if any vulnerable groups e.g., people with cognitive impairment, children, will be included. Consider how you will reach a diverse group of participants, including those from hard-to-reach and marginalised communities and if you need patient and public involvement in your project).     What is the sample size? |
| 1. How will you recruit your participants and which communication channels are you intending to use? |
| Please attach covering correspondence (e.g., email) and/or participant information. |
| 1. Do you need support from the RCOT Brand and Marketing team to support your recruitment? Have you approached them yet? |
| 1. How will informed consent be obtained from participants?     Please attach a copy of the consent form if relevant. |
| 1. What risks might there be for participants (e.g. feelings of coercion or distress) and how will these be minimised or managed? |
| 1. What risks might there be for the investigator and how will these be minimised? |
| 1. Do the investigators have any relationships with the participants (e.g. manager or colleagues)?   Yes  No  If yes, describe arrangements to avoid the possibility of coercion or influence. |
| 1. Are you offering an incentive? Yes  No   If yes, what: |
| 1. Has this group of participants been recently investigated? |
| Yes  When?       No  Don’t know |
| If yes, what action was taken in relation to the outcomes of that previous activity? |
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| **Methods and data** |
| 1. How will you be collecting the information? |
| Email  Postal  Online  Telephone  Face-to-face  Other  If other, please specify:  Please attach a copy of any questionnaires, surveys, interview or focus group schedules, links to any electronic surveys, or other data collection tools that will be used. |
| 1. What steps will be taken to safeguard the confidentiality of participant data (storage, data protection, level of anonymity)? |
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| 1. Who will own the data and where it will be stored? |
| 1. Who will have access to the data? |
| 1. How long will data be stored for and who will be responsible for destroying the data? |
| 1. Please briefly describe how the data collected will be analysed. |

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| **Dissemination** |
| 1. Outline any potential issues anticipated that could arise from the research which could be considered as sensitive (i.e., controversial, political). |
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| 1. Outline the proposed dissemination plans including feedback to participants (if findings are not to be fed back, please justify this). |

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| **Supporting documentation attachments (please check boxes as appropriate)** | | | |
| Research proposal |  | Participant consent form |  |
| Participant information sheet/details |  | Survey link/data collection tools |  |
| Other: | | | |

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| **Project lead/principal investigator** | |
| Name: | Email: |
| Phone: | Date: |

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| **Authorisation (RCOT Director or Chair of UK branch)** | |
| I confirm that to the best of my knowledge the information given above is complete and correct, and I authorise the proposal for this activity. | |
| Name: | Date: |