committee checklist

committee contact details:

Name of Committee: St Patrick’s Mental Health Services Research Ethics Committee

Contact Person: Mr James Braddock

Position: Administrator

Address: St Patrick’s University Hospital, James’s St, Dublin 8

Tel/Email: 01 2493 345 / jbraddock@stpatsmail.com

Website: [www.stpatricks.ie/research/research-ethics-committee](http://www.stpatricks.ie/research/research-ethics-committee)

committee remit:

Reviews applications to conduct research in St Patrick’s Mental Health Services (this includes St Patrick’s University Hospital, St Edmundsbury Hospital, Willow Grove Adolescent Unit & community Dean Clinics)

Local requirements:

1. The supervisor who signs the declaration and signatory page must be an employee of St Patrick’s University Hospital and must either be a Consultant Psychiatrist or a department head.
2. The application form allows you to delete certain questions and sections that are not applicable to your study. These are clearly identified in the Guidance Manual which can be downloaded from the website. Once you have completed your application, please review the manual to ensure you have deleted what is recommended. This reduces the size of the application form considerably and means the committee does not have to trawl through pages of unanswered questions. However, only delete the questions and sections that the Guidance Manual indicates you can.
3. Below are some additional comments in relation to certain questions on the application form. Please review these before submitting your application:

**Section B**

B1 – this date should be a date after the next meeting of the Ethics Committee.

B2 – in answering this question, please note that the committee views all research to be open until data has been analysed and results have been written up and published. Please ensure your answer to this question reflects this.

**Section D**

D1 – this should refer to all proposed activities (e.g. questionnaires, interviews, taking of bodily fluid samples, etc). This applies to all studies where participants are involved, whether they are patients and/or staff. Remember that all questionnaires/interview prompts should be submitted with your application.

D3 – if your study is being undertaken as part of an academic qualification, please include this as a potential benefit in answer to this question.

D8 – How will the scientific community and the public be informed of the results of your study? How and through what means do you plan to publish your findings?

D10 – if your answer is ‘Yes’ to this question, please submit a copy of the letter and/or information sheet that you plan to send to the consultant.

**Section J**

J1 – St Patrick’s Mental Health Services is a not-for-profit independent mental health service, and as such, is not covered by the Clinical Indemnity Scheme, but by a privately held insurance policy. Please contact the REC administrator for a copy of this policy, if required.

J2 – Members of the investigative team who are paid employees of St. Patrick’s University Hospital are covered by hospital insurance policies, although some may also have additional private cover. When and if ethical approval for this research is granted, members of the investigative team who are not paid employees of St Patrick’s Mental Health Services will be required to obtain an honorary contract with the hospital for the purpose of this research and will therefore be covered by the hospital insurance policies. Such contracts are generally granted for a maximum of 12 months and it will be up to the researcher(s) to ensure that these are renewed promptly as and when required.

documents required:

The following documents should be submitted **by email only** and should be sent to the REC Administrator, Mr. James Braddock, [jbraddock@stpatsmail.com](mailto:jbraddock@stpatsmail.com). Please indicate below which documents you are submitting with your application:

|  |  |
| --- | --- |
| **Mandatory documents** | **Yes / No / Not Applicable** |
| Local Checklist |  |
| Standard Application Form (RECSAF Version 5.6) |  |
| Declaration and Signatory Page |  |
| Data Protection Impact Assessment |  |
| CV of Principal Investigator (max 2 pages) |  |
|  |  |
| **If applicable:** | |
| Information Leaflet(s) |  |
| Consent Form(s) |  |
| Letter to GP’s |  |
| Letter to Consultants |  |
| Questionnaires / Interview Prompts |  |
| Recruitment Material |  |
| Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

ADDITIONAL QUESTIONS:

Have you completed a ‘Research Integrity’ training programme or equivalent? **Yes / No**