UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE: (MEDICAL)

OVERALL POLICY

POL-HREC – 001*(VERSION 2)* **REVISED AND UPDATED: JULY 2026**

SUBJECT	**Policy regarding the University of the Witwatersrand, Human Research Ethics Committee (Medical):** ♦ **Approval of new applications for the conduct of research studies involving human participants (including participant reimbursement and study reports)** ♦ **Renewal / Recertification of ongoing studies** ♦ **Amendments to approved Protocols and/or Participant Information Leaflets and Informed Consent Forms (PIL/ICON)** ♦ **Additional Investigators/Sites (including Satellite Sites) and/or Additional Research Entities/Departments** ♦ **Safety Reporting requirements including AEs and especially SAEs with particular emphasis on high risk studies** ♦ **Development and Implementation of Policies and Procedures** ♦ **Storage of documentation both electronically and hard copy** ♦ **Focus Group Discussions, Audio and Audio-Visual Recording, In-depth Interviews, Photographs** ♦ **Active and Passive Monitoring of Research Sites** ♦ **Interaction with other RECs and Regulatory Bodies** ♦ **Independent Clinician requirements**
DIVISION / SCOPE:	**University of the Witwatersrand, Human Research Ethics Committee (Medical)**
REVISION:	Ethics Secretariat
PURPOSE:	This policy aims to provide an overall description of the policies followed by the Wits HREC (Medical) relating to their responsibilities regarding the review and approval of research study applications in keeping with South African Ethics in Health Research Guidelines: Principles, Processes and Structures, 2024, Third Edition, Version 3.2 (NDoH 2024, 3rd ed. (v3.2)), South African Good Clinical Practice: Clinical Trial Guidelines. Third Edition (SA GCP 2020) and other guidelines (see references below)
PREVIOUS VERSIONS / *(REASON FOR REVISION)*	POL-HREC-001v1 Updated the ICH GCP (2025), NDoH 2024 guideline version, Participant Reimbursement (SAHPRA guidelines), Added Satellite Site requirements, added Independent Clinician requirements and other Administrative Changes
CONTENTS:	

	11. Independent Clinician requirements 2. DEFINITIONS AND ABBREVIATIONS 3. REFERENCES
APPROVALS:	**Signature of Chair / Co-Chair of Wits HREC (Medical)** Paul Ruff 2026/07/23 **Date:**

1. OVERALL POLICY STATEMENT

The University of the Witwatersrand, Human Research Ethics Committee: (Medical) reviews and approves research studies involving human participants, conducted under its responsibility in accordance with the following requirements:

- South African Good Clinical Practice: Clinical Trial Guidelines. Third Edition (SA GCP 2020)
- ICH GCP E6(R3) Guidelines dated 06 January 2025
- South African Ethics in Health Research Guidelines: Principles, Processes and Structures, 2024, Third Edition, Version 3.2 (NDoH 2024, 3rd ed. (v3.2))
- World Medical Association, Declaration of Helsinki 2024
- International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva. Council for International Organizations of Medical Sciences (CIOMS); 2016.
- Code of Federal Regulations: (21 Part 50) Protection of Human Subjects, (21 CFR Part 56) Institutional Review Boards, (45 CFR Part 46) Protection of Human Subjects
- OHRP Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events
- Association of British Pharmaceutical Industries (ABPI 2014)
- SAHPRA Pre-Clinical Testing Guidelines and Clinical Requirements for Phase I / First In Human (FIH) Studies dated 24 March 2026
- SAHPRA Guideline for Phase 2-4 Clinical Trial Participant Time, Inconvenience and Expense (TIE) Compensation Model dated 23 March 2026
- SAHPRA Guideline for Remuneration of Volunteers in Phase 1 Clinical Trials dated 23 March 2026
- SAHPRA Guideline for Liability Insurance for Clinical Trials dated 24 March 2026

This document will be submitted to Sponsors and Investigators who require more information about the operation of the Wits HREC (Medical).

The Secretariat for Grant and Commercially Funded Research Studies will handle all administrative functions of the Wits HREC (Medical) for funded studies, while the Wits Research Office Team will handle all administrative functions for university research for degree and non-degree purposes.

1.1 APPROVAL OF NEW APPLICATIONS FOR THE CONDUCT OF RESEARCH STUDIES INVOLVING HUMAN PARTICIPANTS

All Phase I (one) including First in Human (FIH) studies, to Phase IV (four) studies that are conducted by Wits affiliated Investigators/Researchers, as well as those in Private Practice within Gauteng (where an agreement with Wits/HREC / Applicant/Sponsor and Investigator/Site has been signed regarding jurisdiction), as well as all university research

involving humans for degree and non-degree purposes must be approved by the Wits HREC (Medical) prior to the enrolment of any participants.

Principal/Co-Principal and Sub/Co-Investigators will be required to sign either the Wits or SAHPRA Commitments and Responsibilities Declaration and submit this document with the study application for approval.

The requirements of the applicable ICH GCP (2025), SA GCP 2020 Guidelines, NDoH 2024, ABPI 2014, CIOMS (2016), SAHPRA Guidelines for Phase I / First In Human (FIH) Studies (2026) and FDA Code of Federal regulations will be applied in considering approval of Protocols and Participant Information Leaflets and Informed Consent Forms (PIL/ICON).

Participant Remuneration

The Wits HREC (Medical) has reviewed re-imbursements to be made to participants to ensure that they are reasonable and in line with SAHPRA's Time, Inconvenience and Expense (TIE) Compensation Model.

The latest SAHPRA Guidelines for the remuneration of participants in Phase 1 / First-In-Human (FIH) as well as for Phase 2-4 clinical trials were published on the 23rd of March 2026.

Note: The Wits HREC (Medical) does not approve split remuneration for split visits. The participant must be reimbursed the full visit remuneration amount, approved for the study. The principles of time, inconvenience and expense will still apply to each individual visit.

Remuneration for Phase 2-4 studies

Remuneration for Phase 2-4 studies follows the TIE (Time, Inconvenience and Expense) Principle and currently recommends R500.00 for a standard 2-3 hour visit for a clinical trial participant travelling 0-25 kms with higher amounts recommended for longer visits and further travel.

Table 1: Compensation Model for a Standard and Extended Clinic Visit (Phase 2-4)

TIME DISTANCE	**Standard visit 2-3 hours**	**Extended visit >3 hours**
0-25 km	Travel = R250 (Return trip [rounded up]) Inconvenience = R150 (R50 x 3h [rounded up]) Expenses = R100 (meal & refreshment)	T = R250 I = R150 + R50 per hour (over & above 3h) E = R200 (2 x meals & refreshment)
	Total = R500	Total = R600 + R50 per hour
26-50 km	T = R500 (Return trip [rounded up]) I = R150 E = R100	T = R500 I = R150 + R50 per hour (over & above 3 h) E = R200 (2 x meals & refreshment)
	Total = R750	Total = R850 + R50 per hour
>50 km	T = R500 + R4.75 x km (over & above 50 km) I = R150 E = R100	T = R500 + R4.75 per km (over & above 50 km) I = R150 + R50 x h E = R200
	Total = R750 + R4.75 per km	Total = R850 + R50 per hour + R4.75 per km

In addition, SAHPRA also recommends reimbursement of R150.00 for scheduled telephonic visits, R200.00 for home-based or virtual consultation visits, R100.00 – R150.00 for patient diary completion and between R100.00 – R250.00 for in-patients depending on whether informed consent, other investigations and questionnaires are being done.

Parents/Legal Guardians/Caregivers

In the case of participants who require a parent/legal guardian/caregiver to be present, the same remuneration schedule applies for **both** the participant and the parent/legal guardian/caregiver. However, this would not apply for the inconvenience of blood draws, additional sampling and life-style restrictions.

Phase 1 / First-In-Human Studies

SAHPRA recommends a minimum of R650.00 for a standard, 2-3 hour visit, for participants travelling 0-25 kms with increasing remuneration based on longer visits and further travel.

Tabel 2: Compensation Model for Standard and Extended Clinic Visits (Phase 1/FIH)

Time **Distance**	**Standard Visit** **2-3 hours**	**Extended Visit** **>3 hours**
0-25 km	T = R250 (Return trip [rounded up]) I = R300 (R100 x 3 hours [rounded up]) E = R100 (Meal & beverage) **Total = R650**	T = R250 (Return trip [rounded up]) I = R300 + R100 per hour (over & above 3 hours) E = R200 (2x meals & beverages) **Total = R750 + R100 per hour**
26-50 km	T = R500 (Return trip [rounded up]) I = R300 E = R100 (Meal & beverage) **Total = R900**	T = R500 (Return trip [rounded up]) I = R300 + R100 per hour (over & above 3 hours) E = R200 (2x meals & beverages) **Total = R1 000 + R100 per hour**
>50 km	T = R500 + R4.75 per km (over & above 50 km) I = R300 E = R100 **Total = R900 + R4.75 per km**	T = R500 + R4.75 per km (over & above 50 km) I = R300 + R100 per hour (over & above 3 hours) E = R200 (2x meals & beverages) **Total = R1 000 + R100 per hour + R4.75 per km**

In addition, SAHPRA recommends a minimum of R250.00 for scheduled telephonic visits, R300.00 for home-based or virtual consultation visits and R100.00 – R150.00 for patient diary completion. For in-patients R150.00 per hour is recommended for stays up to 12 hours. For stays over 12 hours, R900.00 reimbursement is recommended for every 12 hour block thereafter.

Table 3: Compensation Model for In-Patients

Length of in-patient stay	**12-hour stay**	**24-hour stay**	**Longer than 24-hour stay**
	T = R150 per hour In addition, all volunteers must be provided with standard meals, relevant transport costs, and compensation for any additional procedures conducted during this period of confinement, such as blood draws, stress ECGs, intravenous infusions, etc. This should be in line with the details outlined above.	T (1st 12 hours) = R150 per hour x 12 = R1 800 T (2nd 12 hours or part thereof) = R900 **Total = R2 700** In addition, all volunteers must be provided with standard meals, relevant transport costs, and compensation for any additional procedures conducted during this period of confinement, such as blood draws, stress ECGs, Intravenous infusions, etc. This should be in line with the details outlined above.	T (1st 12 hours) = R150 per hour x 12 = R1 800 T (2nd and subsequent 12 hours or part thereof) = R900 per 12-hour block **Total = R2 700 + (R900 x number of subsequent 12-hour blocks** **For example:** **48-hour stay: R2 700 + (2 x R900) = R4 500** **72-hour stay: R2 700+ (4 x R900) = R6 300** **96-hour stay: R2 700 + (6 x R900) = R8 100** In addition, all volunteers must be provided with standard meals, relevant transport costs, and compensation for any additional procedures conducted during this period of confinement, such as blood draws, stress ECGs, intravenous infusions, etc. This should be in line with the details outlined above.

Study Reports

To facilitate the ongoing approval of the clinical investigations that were approved, follow-up reports containing the following information are required on a regular basis from the Investigator and/or Sponsor/Applicant, as per SAHPRA and Wits HREC (Medical) requirements:

- Number of Participants: screened, consented, ongoing, on follow-up, withdrawn
- Summary description of participant outcomes and adverse events, especially serious adverse events
- Protocol deviations (to be categorised as Major, Minor or Critical)
- Complaints, including from whistleblowers, participants, investigators and sponsors
- Interim, End of Study and Final reports including those from iDSMC and other study committees
- Any new information obtained since the Wits HRECs most recent review

The Wits HREC (Medical) will decide on the required frequency of these reports on a per-clinical investigation basis. This decision will be based on the degree of risk to human participants, however, the minimum requirement for these reports will be on a six (6) monthly basis, however higher risk studies will require more frequent monitoring.

Three (3) monthly Progress Reports for Moderate to High-Risk Studies (especially clinical trials) and if there are any signals identified, we will request more frequent reporting.

Four (4) weekly Progress Reports for Very High-Risk Studies, especially First In Human studies.

1.2. RENEWAL / RECERTIFICATION OF ONGOING STUDIES

Renewal / Re-certification Applications require formal review by the full Wits HREC (Medical) at the monthly HREC meetings.

The initial ethics approval granted for a study is valid for five (5) years. Where the 5-year approval is set to expire, a Renewal Application should be submitted timeously before the expiry date. A maximum of six (6) months grace period will be allowed once the approval has expired. The Renewal Approval issued by the Wits HREC (Medical) will be valid for an additional FIVE (5) years.

Where more frequent recertification (i.e. annual) is required by the Sponsor/Funder, it remains the responsibility of the Investigator and Applicant/Sponsor to keep track of the due dates and apply for annual recertification.

Recertifications and Memorandum of Agreement (MoA) for External/Private (non-Wits) Research Sites inside of the Gauteng Province

The National Health Research Ethics Council (NHREC) regulations require direct legal supervision of the research sites by the HREC (Medical) including monitoring visits to the site and the authority to intervene should there be an identified risk of ethical misconduct. The HREC (Medical) developed a Memorandum of Agreement (MoA) for External/Private Research Sites/Principal Investigators based inside of Gauteng.

Applications for these sites may be submitted to the HREC (Medical) for review and approval, however 1) there must be at least one Wits affiliated Site/Investigator involved in the study, and 2) the MoA for the external/private sites must be completed and submitted with applications.

The MoA is an agreement between the University of the Witwatersrand, the Sponsor/Applicant and the External Site/Principal Investigator and will give the HREC (Medical) proper jurisdiction

to oversee these external/private sites. This MoA is required for all external/private site applications (i.e., new applications and additional sites added to ongoing studies).

External/private sites based inside of the Gauteng Province that have previously been approved by the HREC (Medical) will be supported until the initial 5 year ethics approval expires, after which they may be renewed for an additional five years, but on condition that they complete formal MoAs with Wits and its HREC (Medical).

Studies previously approved by the HREC (Medical) for sites outside of the Gauteng Province, that require annual recertification

These will be reviewed under the following categories:

1. An ongoing study where participant enrollment and follow-up is ongoing will be considered for a single recertification to provide the investigators with an opportunity to approach a local or private ethics committee for further approval. This recertification will require the institution, site and principal investigator to sign the MoA referenced above. Category 1 is subject to application by the principal investigator and should be accompanied by a cover letter motivating the required period of recertification while awaiting review from the local institutional or private ethics committee.

2. An ongoing study where the participant enrollment and follow-up has been completed but the study remains open under the Wits HREC (Medical) for the completion of the data, secondary analysis, laboratory investigations or sample storage may be recertified annually by the Wits HREC (Medical) as required.

3. A study that is closed to participant follow-up and where the primary database has been closed, but the study remains registered with the HREC (Medical) for the maintenance of laboratory samples stored in a biorepository may be recertified annually by the HREC (Medical).

4. Studies conducted at sites under the supervision of a Principal Investigator that are affiliated by an appointment to the University of the Witwatersrand may continue to under the recertification of the HREC (Medical). Should this affiliation cease, the Wits HREC will no longer be able to provide ethics cover for the applicable site/PI.

External/Private (non-Wits) Research Sites outside of Gauteng

The HREC (Medical) no longer approves external/private research sites outside of the Gauteng province. This decision is due to monitoring pressures and difficulties in oversight.

As per South African Ethics in Health Research Guidelines: Principles, Processes and Structures 2024, Third Edition, Chapter 5, Section 5.5.1.4 a):

"The South African ethico-legal framework requires that PIs or research leaders must obtain approval from their institutional REC. In principle, this means that RECs have authority to review and approve research protocols only for research sites or geographic areas within their own South African jurisdiction. Thus, when a protocol proposes a research study or project that is to collect data from multiple sites or geographic areas within South Africa, more than one REC may be involved in the review and approval processes."

Therefore external/private research sites outside of Gauteng should be submitted to HRECs with jurisdiction in their own geographical area. The HREC (Medical) will however continue to provide ethics support for previously approved external/private research sites outside of Gauteng, until the expiry of the initial 5 year approval, after which they will be provided with HREC approval for a maximum of one year only, until either the study closes, or to provide support until an alternative ethics approval can be obtained elsewhere, should the study continue for a number of additional years. These sites must complete and submit formal MoAs with Wits and its HREC (Medical) with the annual recertification application.

Note: WITS affiliated sites and Investigators outside of Gauteng will be accepted for HREC review and approval as they fall under the jurisdiction of the University of the Witwatersrand.

Please refer to SOP HREC – 002 regarding Recertification of research studies.

1.3 AMENDMENTS TO AN APPROVED PROTOCOL OR PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT FORM (PIL/ICON)

Minor / Administrative Amendments changes that do not affect study safety, design, analysis/results.
Major Amendment (Technical/Clinical/Scientific) changes that affect study safety, design, analysis/results.
Substantive Amendments requiring new clinical study application include addition of new IP, change in standard of care arm(s), addition of study arm – including comparator or active control of arm (except approved as part of initial study), critical safety warning/s requiring substantive changes, change in study rationale, substantive change in objectives / endpoints, change in study design with significant impact on statistical analysis or the risk/benefit assessment, addition of major sub-study(s), additional tests on stored biological specimens unrelated to actual study.

Applicants to complete the **Application Form for Amendments** to Approved Study.

Note: Applications in the form of a letter without completion of the Application Form, will be rejected without review.

No deviations from the approved protocol / amendment / changes to the protocol / PIL/ICON / Assent, or any other written information that is provided to the participant, may be implemented prior to obtaining documented approval from the Wits HREC (Medical).
The only exception is where a change is necessary to eliminate an immediate hazard(s) to participants. As soon as possible, the implemented deviation or change, the reasons for it, and if appropriate, the proposed protocol/PIL/ICON/Assent amendment must be submitted to the Wits HREC (Medical) for review and approval.

A copy of the notification to SAHPRA must accompany the submission (if applicable)

The Investigator, or person designated by the Investigator, should document and explain any deviation from the approved protocol/PIL/ICON/Assent.

Please refer to SOP HREC – 006 regarding the procedure for Amendments.

1.4.1 ADDITIONAL INVESTIGATOR(S)/SITE(S) AND/OR ADDITIONAL RESEARCH ENTITIES / DEPARTMENTS

Review of additional Investigator(s)/Site(s) and/or Additional Research Entities/Departments (Wits affiliated Investigators/Reseachers, as well as those in Private Practice (within Gauteng) where a Memorandum of Agreement (MoA) with Wits/HREC / Applicant/Sponsor and Investigator/Site has been signed regarding jurisdiction), would also require a submission of an Amendment Form and would involve approval by the Chair / Co-Chair of the Wits HREC (Medical). These would usually be considered minor amendments unless they significantly change the conduct of the study.

1.4.2 SATELLITE SITE REQUIREMENTS

A satellite site is an extension of a main (or "parent") research site . It's set up to make participation easier for patients or to handle certain study activities in another location but it still operates under the same Principal Investigator (PI) and remains part of the same regulatory and oversight framework.

For example a hospital in the city might be the main site, but to reach patients living farther away, a smaller clinic in a nearby area can be activated as a satellite site where patients can come for visits, lab draws, or follow-ups.

A satellite site is not an independent site, it must follow the same protocol, delegation of duties, and oversight as the main site. Sponsors and CROs must ensure identical standards of training, documentation, GCP and Ethics training and compliance across both locations.

Previously satellite sites should have been a maximum of 50 kilometers from the parent site because of transport, but that has changed because of COVID and the advent of TEAMS and Zoom.

At a satellite site you may have two sub-investigators without a PI but they must be fall under a PI who overseas them from the main site. There would need to be a formal process/SOP of how the PI mentors the Sub-Investigator's long distance, including weekly TEAMS meetings, visiting the site every three months etc.

As per SAHPRA CTF1_ Public Health Emergency _April 2020_V1 "Please note that each site must have at least one GCP trained PI and one GCP trained Sub-Investigator. **Satellite sites may have two Sub-Investigators under supervision of a central PI."**

2.3 Details of investigators and staff (Investigators, staff, number of staff, names, qualifications, experience)	Important as much detail as possible; particularly the PI for each site. Please note that each site must have at least one GCP trained PI and one GCP trained Sub-Investigator. Satellite sites may have two Sub-Investigators under supervision of a central PI.

1.5 SAFETY REPORTING REQUIREMENTS

All Adverse Events (AEs) including Adverse Drug Reactions (ADRs), Suspected Unexpected or Serious Adverse Reactions (SUSARs) as well as Serious Adverse Events (SAEs) and Adverse Events of Special Interest (AESI) which may or may not be related to the Investigational Product (IP), must be reported as per the requirements of the Wits HREC (Medical) SOP HREC-005 and SAHPRA Guideline for Safety Reporting During Clinical Trials in South Africa, to ensure ongoing approval of the study.

The Wits HREC (Medical) expects to see any **serious adverse event** (related/unrelated) associated with **any intervention**, including the use of the IP, comparator, concomitant health product, investigation or conduct of study, whether related to the IP or not, and not only the SUSARs (adverse reaction to IP), especially when either fatal or life-threatening.

Please refer to the updated SOP-HREC-005v4 – Safety Reporting.

1.6 DEVELOPMENT AND IMPLEMENTATION OF POLICIES AND PROCEDURES BY THE WITS HREC (MEDICAL)

Policies and Procedures for the Wits HREC (Medical) will be developed in accordance with the with South African Ethics in Health Research Guidelines: Principles, Processes and Structures, 2024, Third Edition, Version 3.2 (NDoH 2024, 3rd ed. (v3.2)), South African Good Clinical Practice: Clinical Trial Guidelines. Third Edition (SA GCP 2020) and ICH GCP (2025) and various SAHPRA Guidelines – www.sahpra.org.za

For purposes of implementation of this procedure by the Wits HREC (Medical) the following points should be noted:

- The Chair and Co-Chairs of the Wits HREC (Medical) will be considered the "Head of the Division" that will be authorised to sign off all Policies and Standard Operating Procedures (SOPs) for the Wits HREC (Medical), and
- The Chair and Co-Chairs of the Wits HREC (Medical) will be responsible for ensuring that all the HREC members are familiar with the requirements of the relevant policies and procedures, and
- All Wits HREC (Medical) policies and procedures will be accessible as read-only files on the Wits web page. Only the Chair, Co-Chairs and Ethics Secretariat will have write-access to these documents.

1.7 STORAGE OF WITS HREC (MEDICAL) DOCUMENTATION

The Wits HREC (Medical) will retain all relevant records, (e.g., written procedures, membership lists, list of occupations/affiliations of members, submitted documents, minutes of meetings, and correspondence) for a period of at least fifteen (15) years and will make them available on request to the regulatory authority/(ies). .

All Interventional Studies should retain study documents for a minimum period of 15 years.
All Non-Interventional Studies should retain study documents for a minimum period of 10 years.

1.8 FOCUS GROUP DISCUSSIONS, AUDIO AND AUDIO-VISUAL-RECORDING, IN-DEPTH INTERVIEWS, PHOTOGRAPHS

The Wits HREC (Medical) policy is a separate PIL/ICON is required for a focus group discussions and an in-depth interviews.

In the FGD PIL/ICON a sentence that explains that '*although we will request participants to maintain confidentiality there is no way to ensure this will be guaranteed*' must be included.

For audio and audio-visual recordings, a signature line/area agreeing to this included for each form above.

HPCSA regulations are to keep the audio-recordings for two (2) years after publication or six (6) years if no publication.

A separate PIL/ICON is required for Photographs, and Audio-visual recordings, with explicit description of what will be photographed/filmed, how the photograph/film will be used, how confidentiality will be maintained and that no identifiers e.g. tattoos, birthmarks, scars etc. should be shown.

1.9 ACTIVE AND PASSIVE MONITORING OF RESEARCH SITES

Based on NHREC and NDoH 2024, 3rd Edition, HRECs are required to perform active and passive monitoring of research sites especially those performing high risk studies such as clinical trials.

Passive monitoring is maintained by the HREC (Medical) via regular progress reports every four-weeks to 6 months, depending on the level of risk. In addition, the Wits HREC (Medical) has instituted an active monitoring programme with the establishment of a Wits Research Monitoring Committee to actively evaluate clinical research sites. This will initially be based on complaints received by whistleblowers, participants, investigators and sponsors, but will include routine visits in the future.

1.10 INTERACTION WITH OTHER RECS AND REGULATORY BODIES

In order to maintain uniformity in research ethics throughout the country, interaction between REC's should be encouraged. This includes ongoing WhatsApp groups and planned meetings. In addition, regular interaction with NHREC (i.e. annual Stakeholder Meeting held in August of every year) and SAHPRA is important.

1.11 INDEPENDENT CLINICIAN (IC)

When consent is required from participants who are severely ill or incapacitated e.g. in the ICU, the study team may appoint one or more Independent Clinicians to facilitate consent when a Next of Kin (NoK) (first degree relative only) is not available.

The Independent Clinician cannot be a member of the study team, has no significant relationship with the participant including as a treating clinician. The Independent Clinician must however receive protocol training, GCP training and understand the consent process. The names of these Independent Clinicians and their GCP training certificates must be submitted to the HREC (Medical) before signing a separate Independent Clinician Informed Consent Form.

A designated, named Independent Clinician should only be used as a last resort in critical care studies when NoK is genuinely unavailable after 3 documented attempts over a 24 hour period.

Following return of capacity, the participant must immediately be approached for Deferred Informed Consent and must be free to withdraw from the study without any impact on future care.

This process is to prevent proxy informed consent being requested from clinicians who have no understanding of the study concerned e.g. hospital superintendents/CEOs.

2. DEFINITIONS AND ABBREVIATIONS

ABPI	Association of British Pharmaceutical Industries
ADR	Adverse Drug Reaction
AE	Adverse Events
AESI	Adverse Event of Special Interest
CFR	Code of Federal Regulations (USA)
CIOMS	Council for International Organizations of Medical Sciences
iDSMC	Independent Data Safety Monitoring Committee
FDA	Food and Drug Administration (USA)
FIH	First-In-Human
GCP	Good Clinical Practice
ICH	International Conference on Harmonisation
NDOH	National Department of Health

NHREC	National Health Research Ethics Council
PIL/ICON	Participant Information Leaflet and Informed Consent
REC	Research Ethics Committee
SAHPRA	South African Health Products Regulatory Authority
SAE's	Serious Adverse Events
SUSARs	Suspected Unexpected Serious Adverse Reaction
SOPs	Standard Operating Procedures
Wits HREC	University of the Witwatersrand, Human Research Ethics Committee

3. REFERENCES:

- South African Good Clinical Practice: Clinical Trial Guidelines. Third Edition (SA GCP 2020)
- National Health Research Ethics Council (2024) South African Ethics in Health Research Guidelines: Principles, Processes and Structures, 2024, Third Edition, Version 3.2
- World Medical Association, Declaration of Helsinki 2024
- ICH GCP E6(R3) Guidelines dated 06 January 2025
- ICH Harmonised Guideline - E2A – Clinical Safety Data Management: Definitions and Standards for Expedited Reporting
- International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva. Council for International Organizations of Medical Sciences (CIOMS); 2016.
- Code of Federal Regulations: (21 Part 50) Protection of Human Subjects, (21 CFR Part 56) Institutional Review Boards, (45 CFR Part 46) Protection of Human Subjects
- National Health Act 2003, Government Gazette No. 36702
- Act No. 12 of 2013: National Health Amendment Act, 2013
- Constitution of the Republic of South Africa, 1996
- SAHPRA – Guideline for Safety Reporting during Clinical Trials in South Africa
- Association of British Pharmaceutical Industries (ABPI 2014)