****

**Primary Care Research Applications**

**Decision Framework**

Review and Decisions on Applications

**For use by Line/Service Managers, Head of Service Primary Care and Chief Officer/Delegated Officer, to consider Research Applications Received and aid decision making.**

**Applicant:**

**Research/Study Title:**

|  |  |
| --- | --- |
| **Has the applicant submitted all required documentation including:** | **YES/NO** |
| Approval Application Form |  |
| Letter of approval from an appropriate Research Ethics Committee (REC ) **or** a certificate indicating ethical approval is not required for this project. |  |
| Signed approval by the Applicants Line or Service Manager and the Head of Service Primary Care of the applicant |  |
| Signed approval by applicants Chief Officer or delegated Officer (in application form) |  |
| Signed Declaration by Applicant (in application form) |  |
| Signed Data Protection Declaration by Applicant (in application form) |  |
| Copy of Patient/Staff Information Leaflet (if relevant) |  |
| Copy of Patient / Staff Consent form (if relevant) |  |
| Copy of Patient / Staff Survey/Interview Questions (If relevant) |  |
| If the research application has been submitted to another research approval forum, copies of letters of review outcome should be submitted |  |
| Applicants Signed Consent form to enable the PCRC to share with the applicants line or Service Manager and Head of Service Primary Care, documentation as appropriate, including pre-publication drafts |  |
| Confirmation research is covered by the CIS / GIS (in application form) |  |

|  |  |
| --- | --- |
| **Decision Framework Question** | **Answer** |
| Does the proposed research project address an unmet need or a knowledge gap in Primary care? If so please specify. |  |
| Does the proposed research project have the potential to improve patient’s health or health service delivery? If so please specify |  |
| Does the proposed research project have potential for translation into policy or practice? If so please specify |  |
| Is the proposed approach to accessing patients (if relevant) and the impact of this approach, acceptable? |  |
| Is the proposed approach to accessing health service staff (if relevant) and the impact of this approach, acceptable? |  |
| Is the proposed approach to accessing gatekeeper / health service premises (if relevant) possible, appropriate and acceptable? |  |
| Do you have any concerns regarding the time commitment of staff participating in this project (if relevant)/impact on service delivery / clinical time/travel time? |  |
| Is the proposed approach to accessing clinical records (if relevant) acceptable? |  |
| Are the Patient / Staff Consent Form written in plain English and easy for the Patient/Staff to understand? |  |
| Are the Patient / Staff Information leaflet written in plain English and easy for the Patient/Staff to understand? |  |
| Is the provided evidence of appropriate indemnity and insurance acceptable? |  |
| Are there any concerns related to the funding for the proposed research? |  |
| Is the process to address any potential risks/ adverse outcomes to patients by the researcher during the research, acceptable? |  |
| Are there any concerns related to the impact of the research in the HSE? |  |
| Is the research compliant with relevant legislation including Data Protection legislation |  |
| Is there a signed undertaking in the application form to   1. Escalate any adverse outcomes / risks to patients or concerns related to the impact of the research in the HSE which may be identified as a result of this research, to Line/Service Manager and the Head of Service Primary Care, as a matter of priority, for appropriate action. 2. Provide copy of completed research to Line/Service Manager and the Head of Service for Primary Care to inform service improvement actions and relevant policy/practice. 3. Apply to the Head of Service Primary Care and Chief Officer/Delegated Officer for approval to publish any research that may emanate from this research, at a minimum of 8 weeks in advance of the PCRC quarterly meeting |  |
| Does anyone else in HSE and /Primary Care need to be consulted in relation to the proposed research e.g. CCP, Social Care, Working Groups |  |

**Approval of Chief Officer or delegated Officer.**

Name of Chief Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email address of Chief Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Conclusion of Committee Deliberations** | |
| PCRC Decision: | Approved/Not Approved |
| If not approved, please indicate rational to be shared with applicant |  |

Signed

Chair Primary Care Research Committee Date

Primary Care Research Committee Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Research Committee Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Research Committee Member Date