

This is a controlled document.
The master document is posted on the RGIT website and any print-off of this document will be classed as uncontrolled.

Researchers and their teams may print off this document for training and reference purposes but are responsible for regularly checking the RGIT website for more recent versions

<h2>Peer Review</h2>	
SOP Reference: RGIT_SOP_040	
Version Number: 3.0	
Effective Date: 19 Oct 2020	Review by: 19 Oct 2023
Author: Gule Hanid, Research Governance and Peer Review Administrator	
Approved by: Ruth Nicholson, Head of Research Governance and Integrity	Date:

Version	Date	Reason for Change
Version 1.0	25 Oct 2017	1 st Edition
Version 2.0	21 Nov 2018	Updated Information
Version 3.0	19 Oct 2020	Scheduled Review Templates removed and administrative changes to SOP. JRICO name change to RGIT

Table of Contents

1.	PURPOSE.....	3
2.	INTRODUCTION.....	3
3.	PROCEDURE	3
3.1.	Application process.....	3
3.2.	Peer Review Level Assessment.....	4
3.3.	Reviewer Suggestion form	4
3.4.	Peer Review Process.....	4
3.5.	Adequate Review.....	5
3.6.	Peer Review process completion.....	5
3.7.	Peer Review database.....	5
4.	REFERENCES.....	5
5.	APPENDICES	5

1. PURPOSE

The Peer Review Office (PRO) was set up to assist clinicians at Imperial College obtain favourable opinion by confirming the scientific validity of research projects. The scientific merit of a protocol is one of the aspects ethics committees must consider but can be difficult to assess without specialist knowledge.

2. INTRODUCTION

The peer review service exists to enable researchers to:

- obtain scientific peer review of their projects
- confirm that satisfactory review has taken place
- provide an advisory service about peer review for researchers

All clinical research must be considered by a research ethics committee (REC) and granted Favourable Opinion before the research can be undertaken. Now that the NIHR uses the system of portfolio adoption, the activities of the Peer Review Office have become even more important for clinicians. Adoption requires independent review which is hard for researchers to obtain themselves.

Where projects need peer review for the Ethics committee or for NIHR portfolio adoption, the Peer Review Office offers a unique dedicated service to obtain appropriate and independent review for clinicians. Appropriate review is judged according to the level of the protocol, that is, the degree of risk and burden to participants.

The requirement for peer review is obligatory, but the use of the PRO is not. The PRO relies on its reputation to obtain expert review with tight time lines (aiming for 3-4 weeks) so that researchers will use and trust the service.

3. PROCEDURE

3.1. **Application process, the process of obtaining review or certification differs depending on the level of review the project has been judged to require.**

3.1.1 **How projects for peer review are obtained**

Projects for peer review may come from three main routes:

- A RGIT Research Governance Manager or Research Facilitator may forward a project on to the Peer Review administrator for assessment.
- researcher may get in contact directly with queries, protocol, or other research documentation

3.1.2 **Documents to be submitted to the Peer Review Administrator**

The following documents need to be sent to the

peerreviewoffice@imperial.ac.uk.

- Draft IRAS form
- Protocol
- Patient Information Sheet

- Questionnaires

3.1.3 Peer Review registration number

Every study which is processed by the Peer Review Office with the exception of general queries which do not lead to peer review are issued with a peer review number that also appears on the issued peer review certificate.

3.2. Peer Review Level Assessment

Projects are assigned to a 'Level' by the Peer Review administrator according to the type of interventions proposed and the risks and burdens they impose on participants. The greater the burden, the higher the assigned level, and therefore the increased degree of peer review required.

In order to help researchers identify the level of review needed for individual projects, the Peer Review service has developed a framework. You should be able to determine review level by consulting the [Peer Review Levels Grid](#) -Appendix 1 which can also assist with this.

The minimum requirements for peer review at each level are as follows:

Level 1 No official peer review required but to issue a certificate PRO requires

- 1a Review by project supervisor or departmental colleague
- 1b Existing review by major grant-giving body

Level 2 Review by project supervisor or departmental colleague

Level 3 Independent internal review conducted by an expert outside the research team

Level 4 External review-Two independent reviews at least one of which is by an expert external to Trust/Imperial College London

Level 5 External review-Two independent reviews both of which are by experts external to the host institute

3.3. Reviewer Suggestion form

Once the PRO administrator/team has reviewed the study, an e-mail is sent to the researcher informing them of the Level of their study and a reviewer suggestion is sent to be completed. The number of suggested reviewers depends upon the Level of study. Appendix 1
RGIT_TEMP_062

3.4. Peer Review Process

The peer review process clock starts once the names of the reviewers are received by the peer review administrator. The peer review administrator sends the named reviewer the conflict of interest form and the study protocol with the invite e-mail that asks them to keep the protocol confidential. Once they accept the invite, they are sent the conflict of interest form and the peer review form with a timeframe of two weeks to complete the peer review.

The PRO undertakes all administration to obtain appropriate reviews. This allows full review independence where necessary. The process normally takes between 3-4 weeks, depending on the ease of finding reviewers, and how prompt those reviewers are.

The Office follows up on all reviews, aiming to ensure requested deadlines are met. If there are delays, the researcher is kept fully informed.

3.5. Adequate Review

For a peer review to be certified by the Peer Review Office it must be comprehensive and may need to be independent.

Comprehensive review: is a peer review which addresses every question or nearly every question on the Peer Review Form. This may be a review organised by the Peer Review Office or may be obtained from other sources, for example as part of the funding process.

Independent review: Please see paragraph 3.2 above

3.6. Peer Review process completion

Upon receipt of reviews, they are forwarded on to the researcher together with a certificate all scanned in as one document. Reviews are anonymous unless the reviewer chooses to be identified.

If the researcher already has reviews, the PRO can certify them as sufficiently robust and independent for the purposes of the REC.

3.7. Peer Review database

The Certificate number and study related data is recorded in the Peer Review database for reference purposes.

4. REFERENCES

[Research Governance and Integrity Team Peer review](#) (Cited 09 Oct 2020)

5. APPENDICES

The following Appendices list the following Templates associated to this SOP which can be found on the [SOP, Associated Documents & Templates page](#).

Appendix 1 - Peer Review levels grid – RGIT_TEMP_048

Appendix 2 - Reviewer suggestion form – RGIT_TEMP_049