Research Governance and Quality Assurance Sub-Committee

2024-25

Committee purpose

To ensure that University research is conducted to appropriate ethical and legal frameworks based on good research governance, best practice and support for the development and training of researchers. All academic committees operate in accordance with the University's governing documents – Charter, Statutes and Regulations – and the Public Interest Governance Principles.

Membership

- Chair - A senior University academic with significant understanding of working in clinical and/or highly regulated laboratory-based research or demonstrating equivalent experience relevant to the scope of the Committee. (Term – 3 years plus 2 years upon renewal and mutual agreement). Appointed by Pro-Vice-Chancellor Research and Innovation
- Chair of Research Ethics and Integrity Sub-Committee
- A Designated Individual of a University Human Tissue Authority Licence.
- Researchers with current experience of working in highly regulated areas of research (three – including at least one with clinical expertise).
- Chair of AWERB/ or the Biomedical Research Facility Manager
- Chair of the Sponsorship Sub-Committee
- A representative of the Brighton & Sussex Clinical Trials Unit
- Lay member representing the NHS
- Lay member to represent external stakeholders in University research
- One academic elected Senator.

Terms of Reference

a) To keep under review and recommend University policies on research governance and quality assurance making sure that they are consistent, compatible with the University and other stakeholders' research standards, policies and practices, such as the NHS, funding bodies, and other relevant stakeholders.

b) To ensure that the University maintains active compliance with the regulatory requirements of the MHRA, the HRA, the Home Office, the Human Tissue Authority, the Information Commissioner's Office and all other applicable regulatory organisations in the UK and overseas.

c) To ensure that University policies in the areas outlined above (and as stipulated in the Research Governance Standard Operating Procedure) are adhered to.

d) To oversee the systematic monitoring of sponsored University clinical research including MHRA registered clinical trials.

e) To oversee and advise on all matters relating to Health and Safety and risk management processes that relate to research activity.

f) To consider reports from the University Research and Innovation Committee on the management of research governance and offer advice and make recommendations.

g) To consider reports from the Research Ethics and Integrity Committee and offer advice and make recommendations, cooperating to ensure complementary oversight of any inter-related areas including receiving annonymised accounts of investigations into research misconduct or complaints received by the University.

h) To advise upon the provision of appropriate and proportionate specialist training for the purpose of ensuring effective research governance and maintaining quality assurance.

i) To ensure compliance with the *Concordat to Support Research Integrity* and any other significant external policies or standards relevant to University research.

j) To seek clarification from the University's external advisors or other expert bodies, as necessary, on matters of policy and practice in relation to research governance and quality assurance.