VOICE STUDY CENTRE

Light Touch Ethics Review

Guidance for departmental Directors of Research/Ethics Officers about granting ethical approval on behalf of the Research Ethics Committee

Please note that research projects requiring ethical approval and funded by Research Councils will be expected to be referred to the ESC unless they have already received approval from a recognised external ethics committee such as NHS, MOD or another university.

Proposals involving the following protocols and techniques, although requiring ethical approval, can be approved by a departmental Director of Research/Ethics Officer on behalf of the REC providing they are administered appropriately and participants are fully informed about procedures.

The Light Touch Review can be used in the following circumstances: Where there is doubt, advice must be sought from the Head of Research and Innovation on whether to refer to the full board.

1. Well-established, ethically non-controversial and commonly used types of test or experimental procedure aimed at investigating IQ, memory, language and verbal abilities, attitudes or personality characteristics as employed in experiments aimed at investigating cognitive processes, social interactions, and personality or attitude characteristics.

2. Secondary analysis of survey data where anonymous.

3. Questionnaires and interview schedules applied to respondents in the workplace, or low-risk research involving family, friends or other students.

4. Interviewing (structured and semi-structured), ethnographic research and participant observation.

6. Routine non-invasive testing of children (minors below the age of 16 or minors lacking mental capacity above the age of 16) including photographic images and video-recording which is not shared or published outside the research team, when 'opt-in' parental consent has been obtained and providing that any researcher without a DBS check is under the active supervision of a DBS-checked researcher.

7. The presentation of visual stimuli (e.g. tachistoscopic presentations, eye movement, experiments) used in experiments in visual perception.

8. The presentation of acoustic stimuli, e.g. dichotic listening tests, used in experiments in acoustic perception.

9. Think-aloud tests and other forms of non-invasive psycholinguistic instrument use.

10. Experiments undertaken offering monetary incentives in which: protocols do not involve deception by experimenters; participants remain anonymous to each other; incentives are not sufficiently large to create coercion (currently £15/hour with a maximum experiment length of 90 minutes) and payments are confidential; participants are at no risk of monetary loss; participants are not exposed to risk of physical, psychological or emotional harm by the experiment design.

11. Swabbing of the skin surface using sterile swabs moistened with sterile saline or water.

12. Non-invasive giving of saliva samples.

13. Collection of sub-millilitre capillary blood samples from the finger or earlobe using an 'autolet'.

14. Measurement of surface and core body temperature using skin and rectal probes.

15. Near infra-red (NIR) research. Measurement of subcutaneous fat, blood flow and blood volume using NIR spectroscopy. This is a non-invasive technique where the measuring device is strapped to the skin over the muscle of interest, using elastic bandage. NIR light is emitted into the tissues and its reflection measured by detectors in the instrument. The device has been specifically designed and built in the USA for use with human participants.

16. Sub maximal exercise. Healthy volunteers exercise at intensities that can be sustained for longer than the duration of the test.

17. Maximal exercise. Healthy volunteers exercise at progressively higher intensities until volitional exhaustion. The point of volitional exhaustion is determined by the participant, who can terminate the exercise, without intervention of the experimenter, at any time.

18. 'Supra-maximal exercise'. Healthy volunteers exercise flat out for brief periods (30 seconds or less).

19. Dietary manipulation. Diets may be manipulated using conventional foodstuffs or approved 'over the counter' supplements (eg caffeine, creatine, vitamins). Supplements will only be administered within recommended dosage ranges.

20. Administration of 'over the counter' medicines (e.g. analgesics and/or anti-inflammatories) within recommended dosage ranges and advised by a supervising academic.

21. Measurement of body composition. Skin fold thicknesses and joint dimensions will be determined at multiple sites using callipers. Body density will be measured using underwater weighing (the participant is fully immersed for several seconds). Fat content will be estimated by bioimpedence in which skin electrodes measure the transmission of low magnitude electrical impulses (commercially available devices are used that are battery powered. The impulses cannot be felt by the participant.).

22. Measurement of respiratory gases. The participant breathes through a mouthpiece or is fitted with a face-mask. Exhaled gases are collected into a bag for analysis or gas is sampled by an automated analyser.

23. Collection of venous blood samples (up to 20 millilitres per sample; not more than 200 millilitres per participant in any 3 month period) from consenting human participants by a person who has appropriate training.

24. Electroencephalograph (EEG) recording.

25. Induction of muscle soreness in consenting individuals by downhill running or resistance exercise.

26. Transcutaneous recording of neuromuscular electrical activity (EMG).

27. MRI scans.

28. Research involving transcranial magnetic stimulation (TMS) (provided the published TMS safety guidelines are adhered to).

29. Research involving transcranial and transcutaneous electrical stimulation techniques (providing published safety guidelines are adhered to).