MASTER OF HEALTH SCIENCES RESEARCH PROPOSAL

☐ Thesis  ☐ Full-time
☐ Dissertation  ☐ Part-time

Name of Student:____________________________________________________________________

Address for correspondence:__________________________________________________________________________________

__________________________________________________________________________________

Telephone Nos: _____________________________________________________________________

Supervisor(s): ______________________________________________________________________

Department(s) in which research will be undertaken: ________________________________________

(Please assign relativities if more than one department is involved)

__________________________________________________________________________________

Papers already taken / approved to be taken for MHealSc:

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Title of project:

__________________________________________________________________________________

__________________________________________________________________________________

Important:
Please attach details (not more than six pages) of your proposed project including a 100-word abstract.

Thesis and Dissertation proposals need to include information under the following headings: Aim, Background, Research Design, Intended Analysis, Ethical Considerations (see Guidelines following) and Timeline.

Signature: _____________________________________________ (Primary Supervisor)

Signature: _____________________________________________ (Secondary Supervisor)

Signature: _____________________________________________ (Candidate)

Signature: ______________________________________________ (HOD / Postgrad Convenor / Postgrad Dean)

Date of Proposal Submission __________________________________________

Christchurch students forward to: Ruth Helms, University of Otago, Christchurch,
PO Box 4345, Christchurch 8140, tel 364 0527
GUIDELINES FOR SUBMISSION OF RESEARCH PROPOSALS FOR THESIS OR DISSERTATION

UNIVERSITY OF OTAGO, DIVISION OF HEALTH SCIENCES
Board of Graduate Studies in Health Sciences

These guidelines have been written to assist students and their supervisors with the development of a research proposal for approval by the Board of Graduate Studies in Health Sciences (BoGSHS). The BoGSHS offers a robust peer review process for all proposals for research that will be submitted for examination in part fulfilment of the requirements for a Master of Health Sciences, or Master of Bioethics and Health Law, degree. Board members have different individual research interests and expertise, and the collective knowledge of the Board is used to quality assure all proposals. Each proposal is discussed at a Board meeting, with the primary supervisor of the project (or nominee) in attendance if possible.

General Guidelines
Give your proposed project a title, and put your name, student number, and the date on the first page of the proposal. Proposals do vary in length, but should be no more than six A4 pages in length (excluding references). The following formatting rules should be applied:

- Text should be double or one and half line spaced
- Times New Roman size 12 font
- Please use a header or footer on each page to include your name, and page number.

Note: You should ensure that your reference your proposal appropriately, and include your references list at the end of your proposal.

Structure of the Proposal
Some subheadings are suggested below. These can be modified to suit the type of research or approach to enquiry. The questions given below each subheading are intended to provide some guidance about what the Board considers in the review process.

Abstract
Has the content of the proposal been accurately summarised in not more than 150 words?

Background or introduction
Is this a reasonable summary of relevant previous research?
Are seminal works in the field cited as appropriate?
Has the student made a case for the merit (scientific and / or clinical) of the proposed research?

Aim or research question or research objectives
Is the research question (or the research objectives) clearly articulated?

Research design or methods
Are the methods appropriate to the question?
Is there sufficient detail of the methods given to be sure that the candidate understands the chosen approach to enquiry?
**Intended analysis**

Is the approach to analysis clearly articulated, and appropriate to the question?

Please note that many proposals (particularly those from the quantitative paradigm) will require the student to have consulted with a statistical supervisor / advisor before the proposal is submitted for review.

**Ethical considerations**

Has the candidate demonstrated that they will be an ethically responsible researcher? Key elements to consider are:
- Whether the candidate has identified if ethical approval is needed or not, and if so which ethics committee the proposal will be sent to.
- Whether the candidate has anticipated any ethical issues specific to their proposal.
- Whether the candidate has addressed any potential conflict of interest arising from the clinician / researcher interface.

In addition, are there any other issues to consider such as ownership of the work or data, or commercial sensitivity?

Note: see separate written guidelines on ethical considerations.

**Timeline**

Is the anticipated workload appropriate to the choice of dissertation or thesis?
Is the timeline realistic and does it meet the regulations?

**Additional relevant information**

In addition to the usual resources available from your supervising department, are there any specific extra resources required to complete the project (if known) and how will these be sourced? For example, will the researcher need to travel to collect data, or is data collection contingent on the purchase of equipment? If applicable, please give brief details only.

It would also be useful to note any limitations to your study, or any obstacles that you my anticipate in your research and how you intend to overcome them.

**Submitting your proposal**

All proposals should be accompanied by a completed research proposal coversheet, signed by both supervisors. Christchurch students should submit the proposal to Ruth Helms, Manager, Academic Programmes, for onward submission to the Board of Graduate Studies in Health Sciences in time for its monthly meeting, ie by 20th of each month (approximately).
These guidelines have been written to assist students with consideration of ethical in research, and to underpin the writing of the research proposal for the Master of Health Sciences.

Ethical reflection on your research and independent ethical review by a research ethics committee are a requirement of the University of Otago and wider research community. Neither is a substitute for the other. Attention to ethical concerns should be a primary concern of all researchers throughout the preparation and execution of the research.

When filling out the ‘ethical issues’ section of the research proposal, students need to think about the ethical implications of their proposed research. The University of Otago requires that research ‘is conducted in accordance with the highest ethical standards’. It is also the expectation of the Board of Graduate Studies in Health Sciences that all researchers engaged in research will act ethically with respect to participants, data analysis and storage and publishing. This document provides some areas of ethical concern and some examples. Thinking about these issues now will be an important process for your reflection on ethics in your research and for completion of the application for approval of an ethics committee.

It may be a temptation for students (particularly those who are health professionals), to think that their intentions with regard to their research are honourable in that they wish to improve the wellbeing of their patient group, or that they are able to identify the needs of their clients and therefore to look out for their interests without consultation. But health professionals also undertake research for their own reasons – to publish, obtain degrees, and advance their own profession. There is always potential for the interests of participants to be subsumed to those of the researcher. It is exactly for these reasons that external review is important and that all proposed studies should be assessed by research ethics committees who have no vested interests in the research (World Medical Association, 2000).

**Which ethics committee?**

Any health research involving people receiving health and disability services, or use of patient records must be reviewed by a Health and Disability Research Ethics Committee, visit [www.newhealth.govt.nz/ethicscommittees](http://www.newhealth.govt.nz/ethicscommittees) for more information concerning which one is appropriate for your research. Any research carried out in more than one of the regions served by Regional Ethics Committees should be taken to the Multi-Region Research Ethics Committee.

Any other research involving humans that does not come under the description above should be submitted to the University of Otago Human Ethics Committee. If your research involves the use of animals approval should be sought from the University Animal Ethics Committee. Visit: [www.otago.ac.nz/research/proposals/ethicsregulatoryconsents.html](http://www.otago.ac.nz/research/proposals/ethicsregulatoryconsents.html) for more information.

**Consent**

Obtaining the consent of a person to participate in research is plainly important. Consent functions as a protection for participants, ensuring that they are never subject to research which they don’t want. In the wider context of the development of ethics in health professions over the past 25 years or so, the power to refuse to take part in research, can be
seen as one of the most significant expressions of the value of autonomy, the right to take control over what happens to you. Typically, in fulfilment of consent, potential participants need to be adequately informed about what is proposed. This means writing an information sheet for participants which is clear, fully states the purpose of the research, any attendant risks, costs and compensations, as well as what the information is to be used for. Other information may include how data is to be stored, and for how long. Furthermore, participants are generally assured that they can withdraw their consent at any point in the research, without the need to give any reason, and without any penalty or come back.

Students will from time to time want to carry out research on people who are not competent to consent. If consent to research were ethically absolutely necessary, such people could never become participants. But this might restrict the ability of researchers to develop properly evidenced therapies for some groups of clients, or to improve our understandings of these groups. The golden rule in this area is where the same research can effectively be carried out on a competent group; an incompetent group should not be used. But where incompetent people must be used, a highly detailed application to an ethics committee would be necessary and instruction should be sought on proper practice.

Care needs to be taken in assuming that groups of people are incompetent to consent. For example intellectually disabled people may be thought to be unable to give consent but this should not be assumed. It may just mean that they need more time and more effort put in to explaining the research rather than just assuming that they lack the competence to consent. A rule of thumb in this area is that there should be a presumption of competence in all cases. Incompetence must be proved, never assumed.

There are some populations who are rendered vulnerable by wider social attitudes and their reliance on others. This group may include prisoners, elderly people in long stay care and children. For example an elderly person in long term care may feel unable to refuse to participate if he / she believes the care will be affected by a refusal. Particular care needs to be taken with these groups that information is given appropriately and full opportunity given to refuse consent.

**Relationship to participants**

Does the researcher have a conflicting role in the area to be researched? Examples include: a researcher who is also a health care worker in the centre where patients are to be interviewed, or a researcher (employed as a supervisor) who is planning to interview junior staff. The relationship that exists between the researcher and the participants may make it difficult for participants to refuse to participate. Even though the researcher may not feel that there is an imbalance of power between participants and researcher, this may be viewed differently by participants. This does not mean that the research should not take place, but this issue needs to be identified and considered in the project, and in the application to the appropriate ethics committee.

Occasionally there may be an issue with the nature of the information gained from participants. For example, a staff member (who is also the researcher) may plan to interview methadone users about their criminal activity. In this example the researcher may find that because of their position they do not get full information from participants due to fear of repercussions. However if they did gain information not normally provided during the course of a therapeutic consultation it would become difficult not to use the information for a different purpose or not to pass it on. Let's say that the researcher learns that the methadone user has been selling his prescribed methadone on the streets (commonly grounds for removal from the methadone programme). How difficult will it be for that researcher to keep that information separate from the therapeutic encounter? Will that information change the therapeutic relationship? A researcher needs to consider such potential problems if they are utilising their patient pool as research participants. Perhaps there might be good reason to tap into a patient group in another geographical area.
Occasionally a researcher might find out information during the research that is unexpected and has implications for the health and wellbeing of the participant. For example while testing a group of people who have had falls recently, a researcher might find that someone has extremely high blood pressure. What obligations might the researcher have to that participant? The researcher should consider eventualities such as this and make provision for them in the proposal. Participants would also need to be made aware of the process for dealing with these kinds of concerns.

**Potential for harm**

Some research, while it may not actually cause harm, is incapable of achieving its aims, for example because the design of the study is inadequate. Research that cannot meet its own aims is pointless and if the research proceeded then any risk or even inconvenience to the participants would be unacceptable. All research should have carefully defined aims. However, some research is exploratory, seeking a range of views or perceptions of some phenomenon.

Harm from research is usually thought to arise from drug trials or surgical techniques but even low-risk methods such as interviewing can cause distress, e.g. the recollection of emotionally difficult experiences can cause harm in participants. It is important that this possibility is identified. Recognising the possibility of harm is the first step to putting in place safeguards to prevent such harm.

**Confidentiality**

Confidentiality is a protection for research participants in that it restricts access to knowledge gained about them as part of or simply during the research. Confidentiality, similar to informed consent, can be seen as respecting autonomy: control over knowledge is similar to control over what one does. The participant is usually assured that only those actually taking data will get to know who the data came from, that the data will be kept hidden away from others, and that no third party (such as a statistician or the reader of a journal) will be able to connect the data with an individual participant. Efforts to protect confidentiality are understood to continue throughout the period of data collection and analysis, presentation and final storage and destruction. (Universities and professional associations may demand a storage period of raw data of a number of years.) Of course researchers are under an obligation to maintain confidentiality indefinitely. Where these safeguards of confidentiality can’t be offered, the participants should at least be told, so they can decide if they’re happy with whatever level of confidentiality can be offered.

**Research involving Maori**

Research must be carried out in a way that incorporates the principles of the Treaty of Waitangi. Research must be carried out in such a way that is sensitive to the needs of Maori and considers and protects their cultural interests. It is for these reasons that appropriate Maori consultation is sought. Ethics committees will expect this. You can contact the University of Otago Maori Centre by visiting: [www.otago.ac.nz/maoricentre](http://www.otago.ac.nz/maoricentre)

**Further reading**

Operational standard for ethics committees (2006) Ministry of Health
[www.otago.ac.nz/acadcomm/policyethicalpractices.html](http://www.otago.ac.nz/acadcomm/policyethicalpractices.html)
CONSULTATION WITH A BIOSTATISTICIAN

The University of Otago, Christchurch campus biostatisticians are Associate Prof Elisabeth Wells and Dr John Pearson.

The statisticians strongly advise that students / supervisors meet with a statistician in the very early phases of preparing the research proposal.

**Initial Appointment:**
The first appointment must be with the primary supervisor and the student.

The supervisor or student should make contact with Stephen Sharp, Admin Assistant, Academic Programmes (stephen.sharp@otago.ac.nz); Stephen will contact Elisabeth and John to find out which statistician will see them; Stephen will then negotiate an appointment time with access to Elisabeth and John's electronic diaries.

Allocation of a student to a biostatistician will depend on the current workload of the biostatisticians and the types of statistics likely to be used in the thesis, in as much as this can be ascertained from the information available.

**Information** required for allocation to a biostatistician and the first appointment is: Student’ name, supervisors’ names, departments, programme in which enrolled, title / subject area of research, and possible times to meet.

The statisticians would like students to bring to the initial meeting anything they have written to date relating to their research proposal and, preferably, would like this emailed prior to the meeting.

**Repeat Appointments**
Sometimes another appointment will have been set up at the last meeting. If not, then the student / supervisor can contact Stephen Sharp who will be able to negotiate an appointment time via his access to Elisabeth and John’s diaries.

**Contact person for an appointment with the Christchurch biostatisticians**
Stephen Sharp
Admin, Academic Programmes
- email stephen.sharp@otago.ac.nz