

# Research Passport Algorithm

## External Researchers

The following algorithm has been adapted from the NHS Research Passport Algorithm. It will help identify whether a Letter of Access (LoA) or Honorary Research Contract (HRC) is required for a project being conducted at St Andrew's Healthcare (STAH). It does not identify the data protection requirements, such as use of a Data Processing Agreement or Information Sharing Agreement.

| Activity   | DBS                    | LoA or HRC             |
|--|------------------------|------------------------|
| <b>Common research-related activity</b>  |                        |                        |
| Researcher requires <u>direct</u> and/or <u>indirect</u> <sup>1</sup> contact with <u>children</u> in the same Children's Hospital (formerly a specified place) but is not providing healthcare or other types of regulated activity and has no direct bearing on the quality of care. | Yes                    | LoA                    |
| Researcher requires <u>direct</u> contact with <u>patients/service users</u> , is not providing health care or other types of regulated activity and has no direct bearing on the quality of care (e.g., observation, qualitative interviews, focus groups).                           | Yes                    | LoA                    |
| Researcher requires <u>indirect</u> contact with <u>patients/service users</u> , is not providing healthcare or other types of regulated activity and has no direct bearing on the quality of care (e.g., some types of telephone interview).  | No                     | LoA                    |
| Researcher requires access to <b>identifiable/person-level</b> patient data derived from health records, tissues or organs with <u>no direct</u> bearing on the quality of care. <sup>2</sup>  | No                     | LoA                    |
| Researcher requires <u>direct</u> or <u>indirect</u> contact with <u>staff</u> but no contact with patients (e.g., staff interviews).  | Yes<br>(patient areas) | LoA                    |
| Researcher requires access to <b>person-level</b> <u>staff</u> data only   | No                     | LoA                    |
| <b>Less common research-related activity</b>   |                        |                        |
| Researcher requires access to anonymised (must be aggregated) patient data derived from health records, tissues or organs only (including by research staff analysing data).   | No                     | LoA<br>(STAH premises) |
| Researcher requires access to anonymised staff data only   | No                     | LoA<br>(STAH premises) |
| Researcher is a health care professional providing health care <sup>3</sup> to an adult and/or child   | Yes                    | HRC                    |
| Researcher provides health care to an adult and/or child under the direction or supervision of a health care professional  | Yes                    | HRC                    |
| Researcher provides personal care to an adult or child   | Yes                    | HRC                    |
| Researcher is a social care worker providing social work which is required in connection with any health care or social services to an adult who is a client or potential client   | Yes                    | HRC                    |
| Researcher undertakes the following activities unsupervised: teach, train, instruct, care for or supervise children, or provide advice/ guidance on well-being, or drive a vehicle only for children; with likely direct bearing on the quality of care <sup>4</sup>                   | Yes                    | HRC                    |
| Researcher requires access to identifiable patient data derived from health records, tissues or organs with a likely direct bearing on the quality of care   | No                     | HRC                    |

<sup>1</sup> Indirect includes remote/virtual contact.

<sup>2</sup> Consider requirement for a data sharing agreement, if the data is being shared with a third party)

<sup>3</sup> "Health care" includes all forms of health care provided for individuals, whether relating to physical or mental health and includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.

<sup>4</sup> A "direct bearing on the quality of care" suggests that the actions of researchers could foreseeably directly affect the type, quality or extent of prevention, diagnosis or treatment of illness or foreseeably cause injury or loss to an individual to whom the organisation has a duty of care.