RESEARCH INVOLVING THE DECEPTION OF ADULT PARTICIPANTS

1. SCOPE

The Medical Sciences Interdivisional Research Ethics Committee (MS IDREC) and the Social Sciences Interdivisional Research Ethics Committee (SSH IDREC) consider applications for ethical approval of proposed research projects involving human participants. Many applications are made by researchers who seek to study psychological processes in humans, or where deception is necessary to ensure a successful outcome from the research investigation. Since much research is modifiable by individuals if they are aware that certain processes are being studied, often a full statement of the aims of a research project is not provided to participants at the point at which informed consent to participate is sought, and in advance of the collection of data. Failing to provide participants with a full statement of the aims of the research project in advance of the collection of data could be construed as a form of deception of participants.

2. DECEPTION PROCEDURES

In line with the guidance of the British Psychological Society, the MS IDREC and SSH IDREC consider that deception only raises ethical concerns if any one of the following conditions are met:

1. The deliberate misleading by the researcher, of the participant, leads to effects of participation in the research that are potentially adverse for participants (e.g. by virtue of being upsetting, demeaning, embarrassing or objectionable). For example, participants being falsely told their performance on a cognitive task was poor, as an experimental manipulation or reactions being observed covertly while a false emergency situation is staged

2. Participation in the research project may produce negative effects beyond the research programme itself, for example that impact on people other than those participating in the research, or that may persist after the research has concluded

3. Potential adverse effects to the researcher(s) could arise from the research

4. A full statement of the aims of the research is not provided to participants in debriefing after the collection of data, following which they are free to withdraw their consent without penalty. However, please see section 3 regarding debriefs

Where applicants propose a research project that includes the deception of adult participants, but does not involve any of the points listed in 1-4 above, they should refer to Sections D and E of the CUREC 1 form (for MS IDREC) or section A of the CUREC 1A form (for SSH IDREC), together with the CUREC online glossary. They need not complete a CUREC 2 form unless the study raises further complex issues (e.g. work with children or people at risk), or is being combined with another CUREC Approved Procedure. If the proposed research project does involve any of the points listed in 1-4 above, or is
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not fully covered by this Approved Procedure, applicants should complete a CUREC 2 form before submitting their project for ethical approval.

3. **DEBRIEF**

In general a proposal involving any form of deception (for CUREC 1, 1A or 2) **will** be required to provide debriefing with the opportunity for participants to withdraw their consent, unless there is a **very strong reason** for not doing so (e.g. where a debrief would be damaging or deeply upsetting to participants). An example of this would be where child participants can’t be told by a researcher that they have a certain condition when their parents have chosen not to tell them.

A debrief should be well-specified and easy to follow for all participants, i.e. without the use of specialist terms and language. As a minimum it must contain:

- University logo, departmental and researchers’ contact details
- A statement that the participants were deceived, and why the deceit was necessary
- Brief reminder of initially-stated project aims, along with study title
- Disclosure about what actual aims of research were, versus initially-stated aims
- (If applicable) Statement of any new or altered risks to participation
- Opportunity to withdraw consent for use of data in the research
- Contact for concerns or complaints (IDREC standard wording available [on website](#))

4. **TRAINING OF RESEARCH STAFF**

All researchers must be trained:

- to use appropriate research methods
- to provide accessible debriefing information and to be able to answer questions relating to the deception.
- to recognise and respond to any difficulty experienced by the participant following the deception including emotional reactions.

5. **METHODS FOR RECRUITING PARTICIPANTS**

Participants for deception studies are typically recruited via advertisement including posters and web-based information. Recruitment advertisements may mention that compensation will be offered, but should not state how much.

Note that if research is to be carried out at health or higher education institutions other than the University of Oxford (e.g. NHS premises, or Oxford Brookes University), it is likely that ethical approval will be needed from the bodies which cover those sites as well as from CUREC, and in such cases, this protocol may not be sufficient to cover the research.
6. INFORMATION PROVIDED TO PARTICIPANTS

The specific details provided to parents will vary depending on the study, but should follow current guidance: [http://www.admin.ox.ac.uk/curec/resources/informed-consent/](http://www.admin.ox.ac.uk/curec/resources/informed-consent/)

The Information Sheet should be written in simple but non-patronising language. Most word-processing packages provide readability statistics for a document, and one should aim for a 12-year-old (Year 7) reading level for adults.

Please refer to the sample Information Sheet associated with this Approved Procedure.

7. CONSENT OF PARTICIPANTS

For studies in the Medical Sciences, all participants are expected to sign a consent form before participating in the study, except in exceptional circumstances. In some Social Science and Humanities cases, e.g. where there are literacy issues or strong political/cultural reasons for not providing a written informed consent process, oral consent scripts will be accepted instead. If studies are observational it will depend on the number of participants and the study context whether an oral consent process will be expected.

For the written consent process, participants will sign, print and date their names and the researchers who secure the consent will also sign, print and date their names. Please follow the guidance at [www.admin.ox.ac.uk/curec/resources/informed-consent/#d.en.189753](http://www.admin.ox.ac.uk/curec/resources/informed-consent/#d.en.189753)

For the oral consent process, please follow the guidance at [www.admin.ox.ac.uk/curec/resources/informed-consent/#d.en.162952](http://www.admin.ox.ac.uk/curec/resources/informed-consent/#d.en.162952) and feel free to adapt the oral consent script template listed there.

7.1 Consent for audio, photographic or video data

Note that explicit consent must be obtained both for obtaining this type of data e.g. “I agree that I may be photographed/videoed” and for using this type of data for research purposes e.g. “I understand that any photographs/videos may be used in conference presentations/on a project website/in peer-reviewed journal publications”.

Please refer to the sample Consent Form associated with this Approved Procedure.

The current guidance for the Consent Form can be found at [http://www.admin.ox.ac.uk/curec/resources/informed-consent/](http://www.admin.ox.ac.uk/curec/resources/informed-consent/)

8. FINANCIAL AND OTHER REWARDS TO PARTICIPANTS

Participants are typically rewarded with payments or vouchers for music or books to compensate them for the time spent in the study. The amount may be stated on the Participant Information Sheet, but cannot be disclosed on the advert as this could be coercive.
9. POTENTIAL RISKS TO PARTICIPANTS/RESEARCHERS/OTHERS AND WHAT WILL BE DONE TO MINIMISE

The scope of this Approved Procedure is confined to research which carries minimal risk to participating adults or to the researchers. However, participants may feel betrayed due to being deceived about the real aim of the study. To minimise this, a debrief must take place at the conclusion of study involvement that will explain the real intent of the study, unless there is a very strong reason for not doing so (exceptions would apply to Social Sciences and Humanities IDREC applications only). The researcher should discuss with the participants their experience of the research in order to monitor any unforeseen negative effects or misconceptions. Participants must be made aware at this point that they can still withdraw from the study if they so choose. The researchers involved should be prepared to respond to any questions or emotional reactions following the study and an appropriate level of support should be provided to do this (i.e. supervision of junior researchers, guidance or information on sources of emotional support). See CUREC guidelines for psychological distress or disorder.

10. MONITORING AND REPORTING OF ADVERSE OR UNFORSEEN EVENTS

It is a condition of any ethical approval that all research projects that involve deception must report to the relevant IDREC any incident where any adverse consequences on participants, third parties or researchers occurred either during or after the research or where, post briefing, a research participant subsequently withdraws their consent to participate. This is to allow ongoing monitoring of whether these types of deception are deemed acceptable by the participants in these research projects.

11. COMMUNICATION OF RESULTS

Wherever possible, researchers should offer to provide feedback to participants about the results from the study as a whole.

12. DUTY OF CARE ISSUES / CONFIDENTIALITY

Information obtained about a participant during study is confidential unless otherwise agreed in advance. In the event that confidentiality and/or anonymity cannot be guaranteed, the participant must be warned of this in advance of agreeing to participate. The researchers should be trained on responding to emotional responses to the deception and should follow CUREC guidelines for psychological distress or disorder.

13. DATA PROTECTION ISSUES

Each participant should be given a code number and, wherever possible, this, rather than the name, used to label all data from the study, including any paperwork created. Please refer to the IDREC guidance on data anonymisation. If it is necessary to retain any personal information (e.g. contact details in the case that participants may be re-tested) the key linking codes to personal details must be kept in a locked filing cabinet or in a secure, password-protected electronic database. Particular care should be taken to ensure confidentiality of video recordings, where it is not possible to anonymise materials. These will be labelled with code numbers and date only, and kept securely, typically in an encrypted form. Researchers using audio-visual recordings should follow IDREC's
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guidelines on procedures for storing such data. Please also follow the University’s Policy on the management of research data and records, as well as IT Services’ guidance on how to keep your research data as secure as possible.

The basic rule is that if you do intend to divulge results to anyone outside the research team, this must be made clear at the outset in the information sheet. For instance, the information sheet should say "Your research data may be made available to other researchers". There is no time limit on retention of completely anonymised data. If non-anonymised data is to be retained, the consent form should seek consent for this retention.

14. FURTHER INFORMATION
Guidance about ethical conduct of studies involving deception can be found in the British Psychological Society webpages:

15. CHANGE HISTORY

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<td>3.0</td>
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