Educating IRB Staff: What

- Sponsor policies
  - Topical, e.g. NIH: women, children, minorities, education
  - Procedural, e.g., "just-in-time," federal certificates of confidentiality
- State laws
  - Medical records
  - Age of consent, esp. re.reproductive health, treatment for drug or alcohol use, psychiatric treatment
  - Genetics
- Institutional policy and procedures
  - IRB
    - Application process
    - IRB process: initial, continuing review, modifications, reporting requirements, post-approval monitoring, appeals
    - IRB membership: nominations, terms, meeting schedules
  - Other compliance units (sponsored programs, radiation safety)

Examples of Key Issues

- Administrative and Researcher Support
- Budget
- Flexibility
- Continuous
- Education Coordinator

Educating IRB Staff: What

- Ethical issues
- Definition of research
  - Separation from practice
  - Differentiation from QA/QI, program evaluation
- Definition of human subject
- Definition of "engagement"
- Research methodology
  - GCP, GLP

Examples of Key Issues Cont.

- Mandatory vs. Voluntary
- System for Documentation

Educating IRB Staff: How?

- Procedures and Policy Manual
- Certification (CIP, NAIMS)
- Professional Memberships
- Newsletters, Listservs
- Distribution of Relevant Journal Articles
- PRIM&R Membership
- Conferences (National, Regional, Local) (e.g. Administrator 101)
- Videotapes
- Web-based Tutorials
- CE Credit (Maintain Accreditation)

Resources

- PRIM&R: Annual Conferences; Specialized Conferences; Publications; 101 for Administrators, IRB Members, and Researchers, CD: http://www.primr.org/
- Collaborative IRB Training Initiative (CITI): http://www.citiprogram.org/
- OHRP "IRB Guidebook": http://www.hhs.gov/ohrp/irb/irb_guidebook.htm
- OHRP Video Tapes: http://www.hhs.gov/ohrp/references/resource.htm
- OHRP conferences: http://www.hhs.gov/ohrp/education/#activities

Resources

- IRB Ethics and Human Research Journal: http://www.thehastingscenter.org/publications/irb/irb.asp
- Association for the Accreditation of Human Research Protection Programs (AAHRPP): http://www.aahrpp.org/
- Human Research Report: http://www.humanresearchreport.com/
- NIH CRISP database: http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen

Resources

- FDA Information Sheet Guidances: Guidance for Institutional Review Boards, Clinical Investigators, and Sponsors: http://www.fda.gov/oc/ohrt/irbs/default.htm
- Investigator 101 CD: http://www.hhs.gov/ohrp/references/cdrom.pdf
- IRB Advisor http://www.ahcpub.com/
- NCURA Report on Research Compliance http://www.reportonresearch compliance.com/

Reference Books

- Amdur and Bankert, Institutional Review Board Management and Function: http://www.jbpub.com/catalog/0763730491/
- Amdur and Bankert, Institutional Review Board Member Handbook: http://www.jbpub.com/catalog/0763741221/
- Dunn and Chadwick, Protecting Study Volunteers in Research: http://store.centerwatch.com/p-51-protecting-study-volunteers-in-research-3rd-edition.aspx
- Levine, Ethics and Regulations of Clinical Research: http://www.allbookstores.com/book/0300042884/Robert_J_Levine/Ethics_And_Regulation_Of_Clinical_Research.html

Registration

- Facilitates DHHS's effort to communicate with IRB community
- Required for FWA institutions
- Voluntary but encouraged for non FWA institutions
- IRB registration not required by FDA

What is IRB Administrator's Role: Assurances/Registration/Roster

- Institutional Official submits, administrator prepares, provides input and updates
- Know expiration dates
- Know what your assurance covers
  - jurisdiction of IRB
  - does your assurance only cover federally funded research
- Help identify
  - whether other institutions should be listed on your assurance so you may rely on their review
  - whether a subcontract or collaborator requires FWA to participate

Rosters/CVs

- Assurance includes roster (list of IRB members, including their role and affiliation with institution)
  - Unaffiliated
  - Nonscientific
  - Behavioral
  - Prisoner Representative
- Maintain and update CVs at local institution, make sure you can tell when IRB members served.
- When membership changes, notify OHRP for assurance purposes (electronically)
- Alternates
  - must bring same expertise
  - must designate who may serve as an alternate for a particular member

What is IRB Administrator's Role: Assurances/Registration/Roster (cont)

- International research sites present challenging situations
- Keep rosters/CVS updated
- Call OHRP assurance division with questions

Rosters/CVs (cont)

- Multiple Committees
  - are they separately constituted as a IRB
  - each duly constituted IRB requires separate roster
- Subcommittees
  - If vote on behalf of IRB must meet IRB composition requirements
  - If perform pre-review, must send to IRB for final action/approval
  - Document composition and role
- Non voting members
- Designate (non affiliated, non scientist)
- Consider should IRB administrators be a voting member

What would you do?

- Your committee membership consists of primary members with alternates. You have a high risk cardiology protocol on the agenda for the next meeting. At the last minute, the primary cardiologist member calls to tell you neither she or her alternate (another cardiologist) can attend the meeting. The Chairman suggests that it is fine to go ahead and review the protocol. Is this OK? What would you do?

Minutes

- Date, time, location
- Members present (present, absent, non voting, guests)
- Approval of past minutes
- Actions taken for new, "tabled,deferred" protocols
  - summary of discussions (basis for decisions, controverted issues and resolution)
  - subpart B,C,D considerations (protocol specific include rationale)
    - Children Subpart D
      - risk/benefit assessment/assent/permission requirements
    - Prisoners Subpart C
      - document category of research (4 categories)
      - special findings
    - Pregnant Women, fetuses, neonates
      - special findings

Voting

- Numerical
- For, against, abstain, conflict of interest
- Must maintain quorum. Minutes should demonstrate this
- Demonstrate appropriate expertise present.

Minutes (cont)

- Actions Taken by IRB new, tabled, deferred (continued)
  - Other special findings (rationale)
    - granting alterations or waivers of consent (protocol specific)
    - determination of non significant risk status (FDA devices)
    - Inclusion of women and children
- Period of approval, if requires review more than annually
- Actions taken continuing reviews (if applicable, include votes, discussions)

Voting: An Example

IRB X

December 5, 2003

Room A 3-5

Members present: Dr Internist, Dr Neurology, Dr. Surgeon. Dr Cardiology (Alternate for Dr. W), Ms. Nonscientist, Mr. Unaffiliated, Mr. Nurse, Ms. Social Worker, Ms.Biostatistician

Absent: Dr. Pediatrics

Non voting members: Institutional Official, IRB administrator

Guest: Student A

Investigational use of Drug 123 Following a Myocardial Infarction

Summary of discussion issues

Action:

Minutes (cont)

- Serious/adverse/unanticipated event discussions
- Deviations/non compliance issues
- Administrative/ policy/regulatory issues
- Any other discussions!

Exercise: Can you hold this meeting?

- IRB of 10 members
  - What is the quorum?
- Mr. Unaffiliated Community Member is sick and can not attend the meeting. Is there a quorum?
- What if Ms. Nonscientist was the only designated nonscientist and she was going to be an hour late to the meeting?

How do you Define Quorum?

- "More than half" or "half plus one"
- Can make a difference, need to be clear
- Even Number of Members; No Difference
  - 20 member (half is 10)
    - 11 is more than half
    - 11 is half plus 1 (10+1)
- Odd Number of Members
  - 21 members (half is 10.5)
    - 11.5 is more than half = 12
    - 11.5 is half plus one (11.5 +1=12.5, but you round up to 13)

Minutes: Helpful Hints

- Consider taping meetings
- More is better than less
- Have multiple staff take notes
- Develop checklists
  - know special considerations (bring to IRB meetings) children, waivers of consent, prisoners, pregnant women, non-significant risk devices)
  - assist in final preparation
- Computer systems help turn reports of action into minutes; beware may not provide rationale and substance
- Don't get behind: make it a priority

Exercise: Does this protocol pass?

- IRB of ten members-
- One is absent
- Vote is taken of 9 present members
  - Dr. Internist :Approve
  - Dr. Neurology: Disapprove
  - Dr. Cardiology Two (alternate for Dr Cardiology 2) : Approve
  - Ms. Nonscientist: Disapprove
  - Mr. Unaffiliated: Abstain
  - Ms. Social Worker: Approve
  - Mr. Biostat: Disapprove
  - Ms. Nurse: Conflict of Interest left room
  - Dr. Surgeon: Approve
- Does this protocol pass?
- How would you record vote in minutes?

What Is In a Protocol File?

- Protocol application
- Associated federal grants
- Reports of action
- Correspondence with PI
- Tickler notices
- Continuing renewals/approvals
- Serious/unexpected adverse events
- Deviations
- Amendments and approvals
- Evidence of other reviews
- Subject Complaints
- Approved consent documents
- Approved advertisements
- FDA regulatory documents (1571, 1572)
- Investigator brochures
- Data and Safety Monitoring reports
- Notes to file
- Completion/termination information
- Notes to file

Final Results

Action: 4 Approve, 3 Disapprove, 1 abstain, 1 left room for conflict of interest (Ms. Nurse)

Quorum = 6 for a 10 member committee (more than half of voting members)

✓ **Members Present to vote=8** (One of which is nonscientist, COI who left room does not count)

You need 5 approvals to pass (majority of members present)

✓ You only have 4 approvals

✓ 1 COI who left room does not count in vote

✓ 1 abstain does not count as an approval

Protocol does not pass !

Protocol Files: Issues to Consider

- Paper versus electronic
- Must have adequate storage
- File organization (by PI, protocol number)
- Must tell a story, be complete, well organized
- There are many electronic systems- all have pros and cons
  - Plan ahead for conversion

Protocol Files: Issues to Consider

- Establish system for maintaining location of protocol in accordance with activity.
- Know where protocol files are at all times
- Computer can generate reports based on activity
- Develop policies of who has access and where they are maintained
  - locked and/or secure area, computer access
  - never leave office, if paper
  - can't request copies or access unless listed on protocol
- Consider security of computer files

Institutional Record Keeping

- Know your institution's record retention policy
- Databases-others may access information
  - billing
  - pharmacy
  - public affairs
  - fund raising
- Reports for your institution
  - activity level
  - approval time
  - categories of research

Exercise: What would you do

- Dr. Smart has several approved protocols. Last year there were some issues of noncompliance which needed to be reported to OHRP but are now resolved. Records regarding non-compliance are included in the protocol files. Dr. Smart is up for promotion. You receive a call from a faculty member of the promotions committee who heard there was some noncompliance and asks for copies of any associated records. What do you do?

Other Record keeping

- Ticklers
- Policies and Procedures
  - Regulatory/operational
  - Internal SOPs (never ending)
  - Guidance for PIs (operational, topic specific)
  - System to note dates of modifications
- Exemptions
- Emergency Exemptions
- Documentation of Training
- Unanticipated risks/ serious or continuing noncompliance, suspensions, terminations (IRB, OHRP,FDA institutional official)

Responsibility 5 Reporting

Ada Sue Selwitz, M.A.
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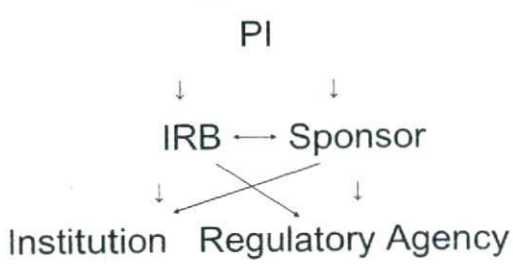
Confusing Because So Many Parties Involved



Confusing Because

- Requirements Issued by FDA, OHRP, Funding Agencies and IRB are All Different

FDA Adverse Effect Reports/Drugs

1. PI → Sponsor Promptly Any AE Caused By or Probably Caused By Use [21 CFR 312.64 (b)]
2. PI → IRB Promptly All Unanticipated Problems Involving Risks to Subjects or Others [21 CFR 56.108 (b)(1), 312.53 (c)(1)(viii), & 312.66]

FDA Adverse Effect Reports/Drugs (Continued)

3. Sponsor → PI New Observations on Drug, Particularly With Respect to AE & Safe Use [21 CFR 312.55 (b)]
4. Sponsor → PI in IND Safety Report of Any Adverse Experience Associated With Use That is Both Serious and Unexpected & Any Finding From Tests in Animals Suggests Significant Risk for Human Subjects [21 CFR 312.32 (c)(1)(i)(A)(B)]

FDA Adverse Event Reports Devices

1. PI → IRB & Sponsor Any Unanticipated Adverse Device Effect (UADE) No Later Than 10 Working Days After PI Learns of Effect [21 CFR 812.150 (a)(1)]
2. Sponsor Must Evaluate a UADE & Report Results of Evaluation → IRB & PI Within 10 Working Days After the Sponsor Receives Notice of the Effect [21 CFR 812.46 (b), 812.150 (b)(1)]

Reports –
Will Discuss Two Broad Types:

1. PI Reporting to IRB
2. IRB Reporting to Sponsor, Institution and Regulatory Agency

PI is Responsible for Reporting to IRB:

1. Unanticipated Problems Involving Risks
2. Others??: Protocol Deviations, Exceptions, Serious or Continuing Noncompliance

"Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events"

January 15, 2007

http://www.hhs.gov/ohrp/policy/AdvEvntGuid.pdf

FDA: New Guidance

- "Guidance for Clinical Investigators, Sponsors, and IRBs Adverse Event Reporting – Improving Human Subject Protection"
  Draft – April 2007
- Comments Due June 2007

What are Unanticipated Problems?
3 Criteria* - OHRP

1. Unexpected AND
2. Related or Possibly Related to Participation in Research AND
3. Research Places Subjects or Others at Greater Risk of Harm Than Previously Known or Recognized, or Incident was "Serious"

*See Chart in Handouts

OHRP Guidance:
What are Adverse Events?

Any Untoward or Unfavorable Medical Occurrence in a Human Subject, Including Any Abnormal Sign (For Example, Abnormal Physical Exam or Laboratory Finding), Symptom, or Disease, Temporarily Associated With the Subject's Participation in the Research, Whether or Not Considered Related to the Subject's Participation in the Research.

Two Types of Adverse Events – Multicenter Trials

- Internal (Occurred at Institution)
- External (Incident Occurred Outside Institution – Multi-center Trials)

Where Do Adverse Events Fit into the HHS Reporting Requirements?

- OHRP Expects That Certain Adverse Events Will be Determined By IRB to be Unanticipated Problems Involving Risks to Subjects; It is These AE's that Must be Reported
- Any Adverse Event or Group of Adverse Events that Results in Suspension or Termination of IRB Approval of the Research Must Also be Promptly Reported

Michael A. Carome, M.D., OHRP

Adverse Events Versus Unanticipated Problems Involving Risks to Subjects

- Not All Adverse Events are Unanticipated Problems Involving Risks to Subjects or Others
- Not All Unanticipated Problems Involving Risks to Subjects are Adverse Events

Michael A. Carome, M.D., OHRP

OHRP Exercise

Subjects with essential hypertension are enrolled in a phase 2, non-randomized clinical trial testing new investigational antihypertensive drug. At the time the clinical trial is initiated, there is no documented evidence of Gastroesophageal Reflux Disease (GERD) associated with the investigational drug, and the IRB-approved protocol and informed consent document do not describe GERD as a risk of the research. Three of the first ten subjects are noted by the investigator to have severe GERD symptoms that began within one week of starting the investigational drug and resolved a few days after the drug was discontinued. The investigator determines that the GERD symptoms were most likely caused by the investigational drug and warrant modification of the informed consent document to include a description of GERD as a risk of the research.

OHRP Exercise

OHRP Exercise

An investigator is conducting a psychology study evaluating the factors that affect reaction times in response to auditory stimuli. In order to perform the reaction time measurements, subjects are placed in a small, windowless soundproof booth and asked to wear headphones. The IRB-approved protocol and informed consent document describe claustrophobic reactions as one of the risks of research. The twentieth subject enrolled in the research experiences significant claustrophobia, resulting in the subject withdrawing from the research.

OHRP Exercise Continued

What is the Timeframe for PI to Submit Report to IRB?
OHRP Recommends*:

1. Unanticipated & Serious: 1 Week
2. Other Unanticipated: 2 Weeks

*"Recommendations" Different from OHRP "Requirements"

OHRP Recommendations for Content of Reports of Unanticipated Problems

1. Appropriate Identifying Information
2. Detailed Description
3. Explanation of Basis for Determining Event is an Unanticipated Problem Involving Risk
4. Description of Any Change to Protocol or Other Corrective Action

IRB Administrator Should Know:

- Gene Transfer/Gene Therapy Related Adverse Events Should be Reported by Investigator to National Institutes of Health (NIH)

IRB Administrator Must Know Own Policy

11 Categories of Reports IRB Must Submit to Institution, Funding Agency/ Sponsor, & Regulatory Agency

Administrator's Role in Submission of Reports by the IRB to Sponsor/ Institution & Regulatory Agency

- To Identify Reportable Problem
- To Identify to Whom the Problem Must be Reported
- To Assist IRB/Institution in Preparing Report
- To Submit Report

Administrator's Role in Submission of Reports by the IRB to Sponsor/ Institution & Regulatory Agency

- To Ensure Institution Has Clear Cut Written Procedures for Reporting*
- To Write and Maintain Written Procedures

*See UK SOP in Handouts

First 3 Categories are:

1. Unanticipated Problems Involving Risks to Subjects or Others*
2. Serious or Continuing Noncompliance*
3. Suspension or Termination of IRB Approval*

*[46.103(b)(5) 56.108(b)]/Common Rule Agencies

IRB Responsible for Reporting 1st 3 Categories to:

1. Appropriate Institutional Officials
2. Department or Agency Head
3. OHRP – if Applicable
4. FDA – if Applicable

What is the Required Time Frame for Reporting Under 45 CFR 46.103(b)(5)?

- "Promptly"
- OHRP Recommends: IRB Submit to OHRP Within One Month of the IRB's Receipt of the Report

Michael A. Carome, M.D., OHRP

How Should Reporting to OHRP be Accomplished?

- Submit to Division of Compliance Oversight
- Regular Mail, Facsimile, and E-mail
- Include the Following Information:
  - Project Title, PI Name, HHS or Other Federal Support
  - A Detailed Description of the Incident
  - A Description of Any Corrective Actions or Modifications to the Research Required by the IRB or the Institution
- Be Aware That Such Reports are Subject to Release Under the Federal Freedom of Information Act

Michael A. Carome, M.D., OHRP

OHRP Guidance

- Guidance on Reporting Incidents to OHRP May 27, 2005
  http://www.hhs.gov/ohrp/policy/procedures_for_reporting_052505.pdf
- Guidance on Reviewing and Reporting Unanticipated Problems Involving Risk to Subjects or Others and Adverse Events January 15, 2007
  http://www.hhs.gov/ohrp/policy/AdvEvntGuid.pdf

Exercise

- The IRB Requires a PI to Attach Copies of the Last Two Signed Consent Forms to the CR Report. A Review of the Signed Consent Form Indicates that One of the Subjects Failed to Date the Form. There was No Signature on the Form, Only Initials.
- Is this Serious Noncompliance? (i.e. Is It Reportable?)

How Should Reporting to FDA be Accomplished?

- Complaints:
  http://www.fda.gov/oc/gcp/complaints.html
- IRB Termination:
  http://www.fda.gov/oc/gcp/irbterm.html

11 Reporting Categories* Continued:

4. Pregnant Women, Fetuses & Neonates (Secretary HHS OHRP Subpart B)
5. Prisoner (OHRP Certification Report Subpart C)
6. Children (Secretary HHS OHRP Subpart D) (Commissioner of FDA Subpart D) (US Department of Education)

*See Handout

11 Reporting Categories Continued

7. Changes in IRB Membership (OHRP)
8. Certification of IRB Approval (Funding Agencies)
9. Exception to Informed Consent in Emergency Research (FDA/HHS)

Category 10: Specialized IRB Reporting

- There are Numerous Additional Reporting Requirements that are Tied to Specialized Funding/Regulatory Agencies
- For Example, IRB Administrators at VA or VA Affiliated IRBs Have Additional Reporting Requirements
- IRB Administrator is Responsible for Identifying Additional Specialized Requirements

Category 11:

- Regulatory Agency Sends Institution a Request for a Report (Usually Due to Allegations of Noncompliance)

IRB Administrator Must Know Own Policy

Remember...

- External Reporting Depends on Your Assurance, Who Funds Study, and Whether Study is FDA Regulated
- Internal Reporting Depends on What is in Your Policies
- Reporting Promptly and Completely is in Everyone's Best Interest
- Remember to Consider IRB Non-Compliance

Elizabeth Bankert, MA, Dartmouth College

Responsibility 5 Reporting

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Pregnant Women, Fetuses, Neonates Research* (Category 4) IRB Must Report IF:

1. DHHS Funded or Submitted to DHHS in Grant Application and
2. Research is Not Otherwise Approvable by IRB Under Subpart B and
3. Research Presents Opportunity to Understand, Prevent, or Alleviate Serious Problems

*45 CFR 46 Subpart B

45 CFR 46 Subpart B (Category 4) Pregnant Women, etc.

- Who: To OHRP for Secretary HHS & Through Institutional Official
- When: After IRB Review Completed
- How: Check with OHRP for Guidance

Prisoner Research (Category 5) IRB Must Submit Certification Report If:

1. Research Involves Prisoners or Individuals May Become Incarcerated or Subject Becomes Prisoner After Enrolled in Research and
2. Research is DHHS Funded or Submitted to DHHS in Application

45 CFR 46 Subpart C

Prisoner Research*

- Who: Report Submitted to OHRP Through Institutional Official
- When: After IRB Approval Issued

*45 CFR 46 Subpart C/May 2003 Guidance OHRP

Prisoner 45 CFR 46 Subpart C How: Certification Letter

- Certification IRB Made 7 Findings
- Name & Address of Institution
- Research Protocol Title/Relevant HHS Application
- Copy of Research Proposal (ie. IRB Approved Protocol, HHS Grant Application, IRB Application Forms, Informed Consent Document, Any Information Requested by IRB or Required During Initial Review)

Research w/ Prisoners
Key Resource Document:

OHRP Guidance on the Involvement of Prisoners in Research, Issued May 23, 2003

http://www.hhs.gov/ohrp/humansubjects/guidance/prisoner.htm

Children Research (Category 6)*
IRB Must Report If:

1. Research is DHHS, US Department of Education Funded or Submitted, or FDA Regulated and
2. Research Did Not Fall Into 1st Three Categories Outlined in Subpart D
3. Research Presents Reasonable Opportunity to Understand, Prevent or Alleviate Serious Problems

*45 CFR 46 Subpart D & 21 CFR 50 Subpart D 50.54

Children (Category 6): To Whom is Report Submitted?

- Submitted to Applicable Agency: Secretary of DHHS Through OHRP; Commissioner of FDA; Secretary US Department of Education
- Submitted Through Institutional Officials

Children (Category 6)

- When: At Completion of IRB Review
- How: Contact Applicable Agencies

Changes in IRB Membership (Category 7):

- Reported to OHRP
- When: As Changes Occur
- How: OHRP Form/Registration

Certification of
IRB Approval (Category 8)

- What: Certify to Funding Agency that Protocol has IRB Approval
- Who: Funding Agency
- When: Depends on Sponsor Requirements
- How: Contact Sponsor/Administrator Responsible for Preparing Certification

Emergency/Acute Care Research (Category 9)*

- Exception from General Informed Consent Requirements for Emergency Research (e.g. Drug Will be Administered in Ambulance)
- Does Not Apply to Single Patient Emergency Use; Requirements Apply Only to Studies

*FDA 21 CFR 50.24 & DHHS

Emergency/Acute Care Research (Category 9)*

- What: If IRB Cannot Approve Research Must Report Reasons Why to Sponsor & PI
- What: If IRB Approves Waiver of Informed Consent Must Provide Sponsor with Copy of Information Publicly Disclosed Prior to Initiation & at Completion of Study

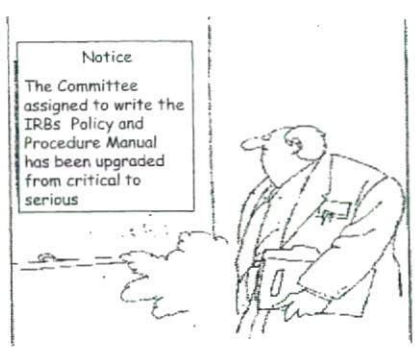
*FDA 21 CFR 50.24 & DHHS

Responsibility #6: Developing HRPP Policy and Procedures

Thanks to Susan Kornetsky
Childrens Hospital, Boston

What do the regulations say about policies and procedures?

- Assurances applicable to federally supported or conducted research shall at a minimum include:
  - 4) Written procedures which the IRB will follow
    - (i) for conducting its initial and continuing review of research and for reporting its findings and actions to the investigator and the institution;
    - (ii) for determining which projects require review more often than annually and which projects need verification from sources other than the investigators that no material changes have occurred since previous IRB review; and
    - (iii) for ensuring prompt reporting to the IRB of proposed changes in a research activity, and for ensuring that such changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject



What do the regulations say about policies and procedures?

- Assurances applicable to federally supported or conducted research shall at a minimum include:
  - (5) Written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, and the Department or Agency head of
    - (i) any unanticipated problems involving risks to subjects or others or any serious or continuing noncompliance with this policy or the requirements or determinations of the IRB; and
    - (ii) any suspension or termination of IRB approval

Why do we need them?

- Federal regulation: OHRP more specific than FDA
- Accreditation: requirement
- Consistency
- Transparency
- Quality assurance and improvement
- Education and training
- Legal/human subject protection

OHRP Compliance Activities: Common Findings & Guidance

Example 6/05 Determination letter

- "HHS regulations do not affect any applicable state or local laws or regulations which provide additional protections for human subject. OHRP recommends that written IRB procedures describe applicable state and local laws and regulations relevant to the conduct of human subject research
- "OHRP recommends that each revision to a research protocol be incorporated into the written protocol..."

OHRP Guidance (eg. Guidance on the Use of Expedited Review Procedures 8/03)

- "OHRP recommends that written IRB procedures include a description of procedures describing the types of minor changes in previously approved research which can be approved under expedited review procedures in accordance with HHS regulations at 45 CFR 46.110(b)(2)."

Who?*

- Upper-level administration?
- IRB?
- IRB chair?
- IRB administrator?
- Others?
- Not always clear who is responsible for what

*Will be different from IRB to IRB

What is an Administrator's role regarding policies and procedures?

- Help identify the policies and procedures required for a HRPP and an IRB
- Know who is responsible for which policy – who needs to be "in the loop"
- Know which policies you are responsible for, if any
- Know process for how a policy and procedure is developed, approved and disseminated
- Consider a policy for developing policies
- Help distinguish between federal requirements and local policy
- Provide content expertise

Exercise

- What is the difference between a policy and a procedure?
- Provide an example of both

Example

- Who at your institution determines where signed informed consent documents are placed?
- Who determines whether education is mandatory and what type of education is acceptable?
- Who determines the procedures for processing an IRB application once it is received in the IRB office?
- Who determines if there are sanctions for non-compliance?

Example: Expedited review

- Policy defines expedited procedure , and what is eligible for expedited review:
  - New research eligible for review using the expedited procedure
  - Approval of "minor changes" to full board projects and projects reviewed using the expedited procedure
- Policy defines "minor changes"
  - ≠ "minimal risk"
  - Change in PI?
  - Change in telephone number?
- Procedure outlines who does expedited review and how it is conducted

IRB Administrator Process Role:

- Help determine decision makers and stakeholders
- Bring them together
- Recommend policy/procedure needed to decision maker*
- Obtain approval from decision maker*
- Obtain legal review
- Keep policy/procedure up-to-date
- Disseminate information

*IRB Office May be Decision Maker!

Guidance Written Policy

- FDA Information Sheets
- Veteran Affairs
- OHRP Guidance documents
- AAHRPP website

Administrator's content role:

- Identify current policies and procedures: Institutional, State, Federal, Sponsors, International, Special cases: American Indian nations, special interest groups
- Do gap analysis
- Draft revised policies and procedures, if so tasked
- Check drafts to assure compliance with other internal and external policies and procedures

Beware: Everyone will ask you to implement a policy or procedure. What would you do?

- The Chief of radiology tells you there is a new MRI committee and requests that you revise the IRB application to add a sign off line for the Chair of the MRI committee prior to IRB submission. The purpose of the committee is to look at science and resource allocation issues.
- A chair of the Department of Education at your university informs you all student projects need to have an internal review by a faculty committee before you can accept them. You are concerned this may add an extra month before the protocol can be reviewed by the IRB.

Examples of Policy/Procedure Documents

- Handbook or Policy/Procedure Manual for PI, IRB, Administrator
- Application forms
- New IRB administrator needs to read all IRB documents

Types of Issues to be Addressed in Policy/Procedures

- See sample "Table of Contents" in handout
  - Children Hospital Boston, Massachusetts
- AAHRPP has some excellent guidance on preparing policy and procedures www.AAHRPP.org

Consider Method of Dissemination

- Web site
- Newsletters
- CD
- Paper copies with approval letters
- New faculty/staff orientation
- Other?

Most important!

- However your institution establishes, implements, and changes policies and procedures, make sure that:
  - All stakeholders know and understand the policies and procedures
  - All stakeholders follow the policies and procedures
- It is worse to not follow policies you have than not to have policies at all.

Resources

- FDA (self-evaluation checklist): http://www.fda.gov/oc/ohrt/irbs/irbchecklist.html
- OHRP Guidance topics: http://www.hhs.gov/ohrp/policy/index.html#topics
- OHRP QI Program: http://www.hhs.gov/ohrp/qi/
- AAHRPP: http://www.aahrpp.org/www.aspx
- Veteran Affairs: Handbook: http://www1.va.gov/oro/docs/VHA_HB_1200.5.pdf
- Bankert and Amdur, "Institutional Review Board Management and Function," Jones and Bartlett, 2005