

1. Human Research Protection Program (“HRPP”)

1.1. Policy

The University of Missouri - Kansas City (the “University,” “UMKC,” or “Institution”), fosters a research environment that promotes respect for the rights and welfare of Individuals recruited for, or participating in, research conducted by its employees, faculty, staff, students and any institution or Individual under the auspices of the University. In the review and conduct of research, actions by the University will be guided by the principles (i.e., respect for persons, beneficence, and justice) set forth in the *Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (often referred to as the “Belmont Report”).

The actions of the University also will conform to all applicable Federal, state, and local laws and regulations.

In order to fulfill this policy, the University has established a Human Research Protection Program (“HRPP”) which is administered by the Research Compliance Office (“RCO”). The HRPP consists of this policy, a mission statement, a statement of ethical principles, supporting standard operating policies (“SOPs”) and associated procedures, and supporting institutional agents and institutional committees.

1.2. Mission

The mission of the HRPP is to:

- Safeguard and promote the health and welfare of human subjects participating in research by ensuring their rights, safety and well-being are protected;
- Provide initial and on-going training and quality education, timely review and monitoring of human subjects research projects;
- Facilitate excellence in human subjects research; and
- Cultivate a culture of awareness in the research community to ensure the highest level of protections for research participants.

The HRPP includes mechanisms to:

- Establish a formal process to monitor, evaluate and continually improve the protection of human research participants;
- Dedicate resources sufficient to do so;
- Exercise oversight of research protection;
- Educate Institutional Review Board (“IRB”) committee members, IRB support staff, investigators and research staff about their ethical responsibility to protect research participants;
- When appropriate, intervene in research and respond directly to concerns of research participants; and
- Educate research participants and the community on matters pertaining to the use of human subjects in research.

The *Belmont report* can be found at <http://www.HHS.gov/OHRP/humansubjects/Guidance/belmont.html>

1.3. Institutional Authority

The UMKC HRPP operates under the authority of the University policy entitled “Human Research Protection Program” (“HRPP”). The operating procedures in these SOPs serve as the governing procedures for the conduct and review of all human subjects research conducted under the auspices of UMKC.

The HRPP policy and these SOPs are made available to all University principal investigators (PI), investigators and research staff, IRB committee members, IRB support staff, all components identified under the University Federal wide assurance (“FWA”), and all assurances relying upon the UMKC’s IRB. HRPP information and policies are posted on the UMKC RCO website at [http://ORS.UMKC.edu/research-compliance-\(iacuc-ibc-IRB-rsc\)/institutional-review-board-\(IRB\)](http://ORS.UMKC.edu/research-compliance-(iacuc-ibc-IRB-rsc)/institutional-review-board-(IRB))

Regulations & Guidance: AAHRPP I.1.A.

1.4. Definitions

Terms used in these SOPs that are capitalized are considered defined terms under these SOPs with the meaning attributed to them consistent with their definition in a particular section.

Common Rule: refers to the “*Federal policy for the protection of human subjects*” that provides for the primary source of regulation of research. It has been adopted by a number of Federal agencies. Although the common rule is codified by each agency separately, the text is identical to Department of Health and Human Services (“DHHS”) regulations contained in 45 CFR 46 Subpart A. For the purposes of the HRPP, references to the common rule will cite the DHHS regulations.

Federalwide Assurance (“Assurance” or “FWA”): is a written commitment by an institution to protect human subjects participating in research. Under Federal regulations, any institution conducting or engaged in Federally supported research involving human subjects must obtain an assurance in accordance with 45 CFR 46.103. This requirement also applies to any collaborating “performance site” institutions. Under 45 CFR 46.102(f) and OHRP Guidance on Engagement of Institutions in Human Subjects Research, an institution is “engaged in research” (as defined below) whenever its employees or agents either intervene or interact with living Individuals for research purposes; or obtain, release, or access, Individually Identifiable Private Information for research purposes.

Human Research Protection Program (“HRPP”): UMKC’s HRPP is a comprehensive system to ensure the protection of human subjects participating in research. The objective of this program is to assist the institution in meeting applicable ethical principles and regulatory requirements for the protection of human subjects in research.

Human Subject (“subject,” “participant,” “human participant,” “human research subject”): a Human subject is defined by the common rule as a living individual about whom an investigator (whether professional or student) conducting research:

(i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or
(ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens. [DHHS 45 CFR 46.102(e); FDA 21 CFR 50.3(g); 21 CFR 56.102(e); 21 CFR 312.3(b)]. For purposes of this definition, the following definitions are germane:

- “Interaction” means communication or interpersonal contact between investigator and subject. [DHHS 45 CFR 46.102(e)];
- “Intervention” means both physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject’s environment that are performed for research purposes. [DHHS 45 CFR 46.102(e)]

For research covered by Federal Drug Administration (“FDA”) regulations [21 CFR parts 50 and 56], Human Subject means an Individual who is or becomes a participant in a clinical investigation, either as a recipient of the test article or as a control. A subject may be in normal health or may have a medical condition or disease. [21 CFR 50.3(g), 21 CFR 56.102]. In the case of a medical device, a human subject/participant also includes any Individual on whose tissue specimen an investigational device is used or tested. [21 CFR 812.3(p)].

Note: the FDA definition of human subject differs according to the applicable regulation. [See 21 CFR 812.3(p), 21 CFR 50.3(g), 312.3(b), and 56.102(e)].

Human Subject(s) Research: means any activity that meets the definition of research and involves human subjects as defined by either the common rule or FDA regulations.

Institutional Agent: is any Individual performing institutionally designated activities or exercising institutionally delegated authority or responsibility under UMKC’s FWA.

Institutional Official (IO): the institution’s IO is responsible for carrying out the HRPP. The IO is responsible for ensuring that the HRPP has the resources and support necessary to comply with all Federal regulations and guidelines that govern human subject research. The IO is legally authorized to represent the institution, is the signatory official for all assurances, and assumes the obligations of the institution’s assurance.

Institutional Review Board (“IRB”): Independent board(s) designated by the institution to review, to approve the initiation of, and to conduct periodic review of research involving human subjects. The primary purpose of such review is to assure the protection of the rights and welfare of human subjects. The IRB may be assigned other review functions as deemed appropriate by the institution.

Investigator: is an Individual under the direction of the Principal Investigator (PI) who is involved in some or all aspects in the research project, including (1) the design of the study; (2) conduct of the study; (3) analysis and interpretation of the collected data; (4) directly involved in seeking the voluntary consent of potential subjects; and (5) writing of resulting manuscripts. Investigators can include healthcare professionals, scientists, research staff members, administrative staff, teachers, and students. Investigators must be included on the **FDA form 1572** and/or the **IRB application**. While the FDA considers an investigator and a PI to be synonymous, this document does not. [FDA 21 CFR 50.3(d); 21 CFR 56.102(h); 21 CFR 312.3(b)].

Principal Investigator (“PI”): The “PI” bears the ultimate responsibility for the protection of human subjects who participate in research. The PI is expected to abide by the highest ethical standards for developing a protocol that incorporates the principles of the Belmont Report. He/she is expected to conduct research in accordance with the approved research protocol and to oversee all aspects of the research by providing supervision of support staff, including oversight of the consent process. As applicable, subjects must provide their consent and the PI must establish and maintain an open line of communication with all research subjects within his/her responsibility. In addition to complying with all policies and standards of governing regulatory bodies, the PI must comply with institutional and administrative requirements for conducting research. The PI is responsible for ensuring that all investigators and research staff complete appropriate training and must obtain all required approvals prior to initiating research. When investigational drugs or devices are used, the PI is responsible for providing written procedures for their storage, security, dispensing and disposal.

The PI ultimately is responsible for ensuring that no subject is enrolled before IRB approval is issued and any related sponsor agreement is fully executed. (See definition of PI in Investigator Responsibilities, section 12)

NOTE: Students (this includes residents and fellows) may not serve as PIs. Students must have a faculty advisor who fulfills the PI eligibility criteria and who will serve as PI and faculty advisor on the study. If a student’s faculty advisor cannot serve as PI on the study the student must find a faculty member capable of serving as the PI.

Protocol: is a document (including subsequent amendments) that describes the objective(s), design, methodology, statistical considerations, and organization of a research application. A protocol usually also gives the background and rationale for the research, but this could be provided in other protocol reference documents. [*Good clinical practice: consolidated Guidance (ICH-E6)*] (protocol includes initial protocol and protocol amendments).

Research: is defined by the common rule as “a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.” For purposes of this part, the following activities are deemed not to be research:

- (1) Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.
- (2) Public health surveillance activities, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products). Such activities include those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters).
- (3) Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.
- (4) Authorized operational activities (as determined by each agency) in support of intelligence, homeland security, defense, or other national security missions.

[DHHS 45 CFR 46.102(l); FDA 21 CFR 50.3(c) & (g)].

FDA regulations define research as meaning any experiment that involves a test article and one or more human subjects, and that either must meet the requirements for prior submission to the FDA under section 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act (the “FDA Act”), or need not meet the requirements for prior submission to the FDA under these sections of the FDA Act, but the results of which are intended to be later submitted to, or held for inspection by, the FDA as part of an application for a research or marketing permit. The terms research, clinical research, clinical study, study, and clinical investigation are synonymous for purposes of FDA regulations. [FDA 21 CFR 50.3(c), 21 CFR 56.102(c)].

- Experiments that must meet the requirements for prior submission to the FDA under section 505(i) of the FDA act means any use of a drug other than the use of an approved drug in the course of medical practice. [21 CFR 312.3(b)].
- Experiments that must meet the requirements for prior submission to the FDA under section 520(g) of the FDA act means any activity that evaluates the safety or effectiveness of a device. [21 CFR 812.2(a)].

- Any activity in which results are being submitted to or held for inspection by FDA as part of an application for a research or marketing permit is considered to be FDA-regulated research [21 CFR 50.3(c), 21 CFR 56.102(c)].

Research under the auspices of the institution (or “under the auspices”): this includes research conducted by or under the direction of any employee or institutional agent of this institution (including students) in connection with his or her institutional responsibilities or conducted by or under the direction of any employee or institutional agent of this institution using any property or facility of this institution.

1.5. Ethical Principles

The University is committed to ensuring that all human subjects research in which it is engaged is conducted in accordance with the ethical principles stated in the Belmont report. These principles are:

- **Respect for persons**, which is ensured by obtaining consent, consideration of privacy, confidentiality, and additional protections for vulnerable populations. Individuals should be treated as autonomous agents afforded the right to make decisions themselves. Those with decreased or diminished autonomy such as minors, prisoners, or people who are mentally disabled or challenged are entitled to additional protections.
- **Beneficence**, which is assured by ensuring that possible benefits are maximized, and possible risks are minimized to all human subjects. Application of this principle involves a risk-benefit analysis in which the risks to subjects must be reasonable compared to the potential for benefit either to subjects directly or to society. Risk evaluation must include the consideration of both the probability and magnitude of harm, including psychological, physical, legal, social, and economic harm.
- **Justice**, which is the equitable selection of subjects. The possibility for benefits and the potential burdens of the research should be equitably distributed among the potential research subjects. Application of this principle requires the close scrutiny of the enrollment process to ensure that particular classes are not selected for their compromised position or convenience to the investigator. Such classes could include Individuals on welfare, racial and ethnic minorities or persons confined to institutions.

The University, through its HRPP and in partnership with its research community, is responsible for ensuring the ethical and equitable treatment of all human subjects involved in research under the auspices of the institution.

Regulations & Guidance: AAHRPP I.1.D and I.4.B; ICH-GCP (E6) 2.1 and 2.13.

1.6. Regulatory Compliance

The University is responsible for ensuring compliance with all other applicable Federal, state, and local laws and regulations and institutional policies with regard to human subjects research. This is accomplished through, among other things, the HRPP, University research compliance policies, and other institutional policies.

All human subjects research at the University is conducted in accordance with the following policies and regulations that fall under its authority.

1. Federal regulations for the protection of human research subjects (“Common Rule”). [[DHHS 45 CFR part 46](#)].
2. When research involves articles subject to regulation by the FDA, the FDA regulations for the protection of human subjects [[21 CFR part 50](#)] and Institutional Review Boards. [[FDA 21 CFR part 56](#)].
3. The provisions of the institution’s FWA.
4. Policies and procedures established by the HRPP, including those incorporated in these SOPs. The current version of this reference may be found on the RCO website at [http://ORS.UMKC.edu/research-compliance-\(iacuc-ibc-IRB-rsc\)/institutional-review-board-\(IRB\)](http://ORS.UMKC.edu/research-compliance-(iacuc-ibc-IRB-rsc)/institutional-review-board-(IRB))
5. Compliance with all other University policies that relate to human subject research is also required.

The University operates under an assurance approved by the Federal Office for Human Research Protections (“OHRP”) issued by the secretary of the Department of Health and Human Services (“DHHS”) as UMKC FWA **00005427**. The University has designated one IRB registered as IRB00000664 (UMKC IRB) to review all human research protocols.

In its FWA, the University has opted to limit the application of the FWA to research funded by DHHS or Federal agencies that have adopted the common rule. While the terms of the FWA are applied by the University only to Federally sponsored research, the policies and procedures in these SOPs apply to all research under the auspices of the institution involving human subjects, regardless of funding source.

Regulations & Guidance: DHHS 45 CFR 46.103; and AAHRPP I.3.K.

1.7. Research Covered by the HRPP

The HRPP covers all Research involving Human Subjects under the auspices of the University, regardless of the funding source. The research may be externally funded, funded from University sources, or conducted without direct funding.

1.8. Written Policies and Procedures

These SOPs describe the requirements that govern research under the auspices of the institution that involves human subjects, as well as the requirements for submitting research proposals for review by the University's IRB. This is not a static document. Instead, it is an organic document that is periodically reviewed and revised by the RCO Director, in consultation with applicable institutional entities (e.g., the IRB, the Office of General Counsel ("OGC"), Compliance Officers (CO), etc.). The IO ultimately is responsible for reviewing and approving all recommended revisions to these SOPs.

The RCO will keep the University apprised of new information that may affect the HRPP, including laws and regulations; institutional policies and procedures; and emerging ethical and scientific issues on its website and through campus e-mailing lists.

These SOPs will be available on the University RCO website and copies will be available upon request.

Regulations & Guidance: DHHS 45 CFR 46.108; and FDA 21 CFR 56.108.

1.9. HRPP Organization

The HRPP is a comprehensive system to ensure the protection of human subjects participating in research. It consists of a mission statement; ethical principles; this policy; supporting SOPs; various institutional agents (e.g., the IO, the RCO Director, the CO, Biosafety Officer, Radiation Safety Officer, Privacy Officer, etc.) and other committees or subcommittees addressing human subjects protection (e.g., the Institutional Biosafety Committee, Radiation Safety Committee, Conflict of Interest Committee, etc.). The HRPP also encompasses the actions of institutional Individuals and staff (e.g., PIs, investigators, IRB staff, RCO staff, and research staff). The objective of this system is to facilitate the institution in its efforts to adhere to ethical principles and regulatory requirements for the protection of human subjects in research.

The following officials, administrative units, and Individuals have primary responsibilities for implementing the HRPP:

1.9.1. University Chancellor

The Chancellor of the University is responsible for the overall operations at the University. The Chancellor has designated the ultimate responsibility and authority of the HRPP to the IO.

1.9.2. Institutional Official (IO)

The ultimate responsibility of the HRPP resides with the IO of the HRPP. The IO is responsible for ensuring the institution's HRPP has the resources and support necessary to comply with all institutional policies and with applicable Federal regulations and guidelines that govern human subject research. The IO is legally authorized to represent the University and is the signatory of the FWA and assumes the obligations of the FWA.

The IO also holds ultimate responsibility for (1) oversight of the institution’s IRB and all UMKC investigators; (2) for assuring the IRB members and investigators are appropriately knowledgeable to conduct research in accordance with ethical standards and applicable regulations; and (3) for the development and implementation of an educational plan for IRB members, staff and investigators.

Regulations & Guidance: AAHRPP I.2.A; and I.2.C.

1.9.3. Director of the RCO

The Director of the RCO (“RCO Director”) reports to the IO and is responsible for:

1. Developing, managing and evaluating policies and procedures that ensure compliance with all Federal, state, and local regulations governing research. This includes monitoring changes in regulations and policies that relate to human subjects research protection and overseeing all aspects of the HRPP.
2. Advising the IO on key matters regarding research at the University.
3. Implementing the HRPP.
4. Submitting, implementing and maintaining an approved FWA through the IO and OHRP.
5. Providing information to the IO regarding the needs and resources required for the HRPP operation.
6. Assisting investigators in their efforts to carry out the University’s research mission.
7. Developing and implementing needed improvements and ensuring follow-up of actions, as appropriate, for the purpose of managing risk in the HRPP.
8. Developing a training and education program as required and as appropriate for investigators, committee members and research staff, and ensuring that training is completed in a timely manner.
9. Serving as the primary contact and *liaison* at the University for communications with Federal, state and local regulatory agencies with respect to human subject research conducted under the auspices of the University’s IRB (e.g., OHRP and the FDA).

1.9.4. University Research Compliance Officer (CO)

The CO is responsible for all aspects of the IRB during the review process of a research proposal involving human subjects. This responsibility includes the screening of documents for research proposals prior to review by the IRB, as well as serving as the liaison between the investigators and the IRB. The IRB CO reviews the IRB minutes for accuracy and ensures proper documentation of discussions including discussions and actions taken by the IRB during convened meetings.

The CO acts to oversee and ensure that, among other things, research conducted at the University is in compliance with research regulations applicable to the use of human subjects. In this capacity, the CO (or designee) is responsible for (1) developing and implementing policies and procedures to ensure compliance with research regulations and requirements; (2)

conducting training and education regarding research compliance topics; and (3) conducting audits and monitoring research activity. The CO may conduct audit site visits or conduct record audits of any study submitted to the IRB for review, for example, subject consent forms, research records or IRB records (see audit SOP section 20).

1.9.5. Research Compliance Specialist

The compliance specialist is responsible for:

- Providing administrative and clerical support to the IRB, IRB Chair and IRB CO as well as scheduling and coordinating all IRB functions
- IRB record retention and for maintaining complete IRB records, as defined in section 4, IRB Documentation and Records. This includes maintaining IRB member files as well as proof of human subjects training certifications.

1.9.6. Institutional Review Board (“IRB”)

UMKC has one IRB created by the IO on behalf of the institution. UMKC’s IO retains the authority to create or dissolve IRBs. Members of the IRB are appointed by the IO.

The IRB reviews and makes decisions concerning all non-exempt human subjects research under the auspices of the institution. The IRB is responsible for the protection of rights and welfare of human subjects involved in research under the auspices of the institution. The IRB discharges this duty by complying with the requirements of the Common Rule; Federal and State regulations; the FWA; and Institutional Policies. See section 2, Institutional Review Board, for a detailed discussion of the nature, role and duties of the IRB.

In the event that UMKC agrees to serve as the IRB-of-record for an institution(s) this must be documented in writing through an inter-institution agreement signed by the duly authorized representatives of each institution. The RCO Director shall maintain a current list of research involving human subjects where UMKC’s IRB serves as the IRB-of-record for another institution (see SOP Collaborative Research and Off-Site Research section 17).

1.9.7. Other Related Entities & Units to HRPP

1.9.7.1. UMKC Sponsored Programs

The Office of Sponsored Programs is responsible for, among other things, reviewing and negotiating agreements involving sponsored research (e.g., grants, contracts and cooperative agreements) with Federal, state and local entities, as well as private and non-profit organizations. Office of Sponsored Programs also is responsible for ongoing compliance with the terms and provisions of the award issued by the sponsor, applicable and institutional policies with respect to sponsored activity conducted at the University.

Office of Sponsored Programs maintains all sponsored agreements (including fully executed sponsored agreements and award notification for intramural and extramural funding) and internal documents submitted by the University as part of the application process for extramural funding.

Upon request, Sponsored Programs will forward to RCO copies of fully executed sponsored agreements.

1.9.7.2. University Health (UH)

1.9.7.2.1. Office of Research Administration (ORA)

The Office of Research Administration coordinates and negotiates clinical trial agreements/study contracts and study budgets with study sponsors for funded research projects at UH. The ORA also assists investigators in study budget preparation, institution account billing and invoicing, and to initiate study accounts for investigators to manage and track sponsored project expenditures and payments.

Upon request, ORA will forward to RCO copies of clinical trial agreements.

Regulations & Guidance: AAHRPP I.2.D.

1.9.7.3. Office of General Counsel

The University of Missouri System, Office of General Counsel (“OGC”) provides advice to the RCO, the IO, and Institutional Agents, PIs, investigators and research staff with respect to laws, regulations and requirements applicable to human subjects research. This includes interpretation and application of Federal, state and local laws where research is conducted.

1.9.8. Relationship Between Components

The IRB functions independently of, but in coordination with, other institutional regulatory committees. The IRB, however, makes its independent determination whether to approve or disapprove a protocol based upon whether or not the regulatory criteria for approval have been met. The IRB has review jurisdiction over all research involving human subjects conducted, supported, or otherwise subject to regulation by any Federal department or agency that has adopted the human subjects regulations.

Research that has been reviewed and approved by the IRB may be subject to review and disapproval by officials of the institution. However, those officials may not approve research involving human subjects that has not been approved by the IRB.

Regulations & Guidance: AAHRPP I.2.D.

1.9.9. Research Compliance Office (“RCO”)

The University has established the Research Compliance Office (“RCO”) to administer the HRPP. The RCO is supervised by the RCO Director. The RCO Director has expert knowledge in regulatory issues regarding human subjects and serves as the human protections administrator. The RCO Director is the primary contact and liaison at the University for communications with Federal, state and local regulatory agencies with respect to human subjects research (e.g., OHRP or the FDA).

The RCO Director oversees the RCO staff that facilitates administration of the HRPP and the operation of the IRB. This includes responding to faculty, student, and staff questions about human subjects research as well as organizing and documenting the IRB review process. The RCO Director works closely with the IRB Chair in the development of policy and procedures and is not a voting member of the IRB. The duties and responsibilities for all RCO staff are found in their respective job descriptions, and their performance is evaluated on an annual basis.

The IRB shall be supported by an adequate number of RCO staff with knowledge, skills and abilities necessary to carry out the function of the IRB.

Regulations & Guidance: AAHRPP II.1.D.

1.9.10. Selection, Supervision and Evaluation of RCO Supporting Staff

1.9.10.1. Selection Process:

All RCO staff that supports the IRB and RCO are selected by the IO in conjunction with the RCO Director.

Depending on the position to be filled, qualifications to be considered in the selection of RCO staff include prior experience in IRB administration or another position within a RCO (e.g., study coordinator), or, at the assistant or clerical levels, a desire to learn and be an active participant in the regulatory, ethical, and procedural aspects that support a RCO.

1.9.10.2. Supervision:

RCO staff is supervised by the RCO Director.

1.9.10.3. Evaluation:

RCO staff is evaluated on an annual basis consistent with institutional guidelines.

1.9.11. RCO & IRB Resources

The RCO is equipped with sufficient office space, meeting space, storage space and equipment to perform the functions required under the HRPP. The adequacy of personnel and non-personnel resources of the RCO is assessed on an annual basis by the RCO Director.

UMKC's IO will ensure that sufficient resources exist to support RCO and IRB operations, including meeting and office spaces, and staff for conducting IRB business. Office equipment and supplies, including technical support, file cabinets, computers, internet access, and copy machines, will be made available to the HRPP and IRB staff.

1.10. Research Quality Assurance/Quality Improvement Activities

1.10.1. Institutional Audits and Compliance Reviews

Directed ("for cause") audits and periodic ("not for cause") compliance reviews will be conducted to assess investigator compliance with Federal, state and local laws, the requirements

of these SOPs, and institutional policies. This will facilitate identification of areas for improvement (e.g., new or revised policies, processes, forms and/or training).

Directed audits of IRB-approved research studies are in response to identified concerns. Periodic compliance reviews are conducted using a systematic method to review IRB-approved research on a regular basis. The results will be reported to the IO, RCO Director, IRB compliance staff, the IRB Chair, and, as appropriate, to the IRB.

Activities of auditors during directed audits and periodic compliance reviews may include:

- Requesting progress reports from researchers;
- Examining investigator-held research records;
- Contacting human subjects involved in research;
- Observing sites where research involving human subjects and/or the consent process is being conducted;
- Examining advertisements and other recruiting materials used in a study;
- Reviewing projects to verify from sources other than the researcher that no unapproved changes have occurred since previous review;
- Monitoring conflict of interest concerns to assure the consent documents include the appropriate information and disclosures;
- Monitoring **HIPAA authorization forms and consent forms**; and
- Conducting other monitoring or auditing activities as deemed appropriate by the IRB, the IRB Chair or the RCO Director.

The IO, CO, RCO Director, and IRB Chair will review the results of institutional audits and compliance reviews. If any deficiencies are noted in the review, a corrective action plan will be developed by the RCO Director and approved by the IO. The RCO Director will have the responsibility for overseeing and implementing the corrective action plan, the results of which will be evaluated by the IO.

Audits and compliance reviews will be conducted for both University and non-University sites.

1.10.2. Reporting and Disposition

The results are reported to the Director and the IRB Chair. Any Non-Compliance will be handled according to the procedures in section 11 Reporting to Regulatory Agencies and IO.

If an audit or review finds that subjects in a research project have been exposed to unexpected serious harm, the auditor will promptly report such findings to the Director and the IRB Chair for immediate action as well as to any other appropriate institutional official.

The following are examples of Non-Compliance that may be reported on this timeline:

- Lack of a consent document signed and dated by subject;
- Use of an unapproved, unstamped, and/or outdated consent document;
- Enrolling a subject who does not meet the inclusion and exclusion criteria;
- Use of recruitment procedures that have not been approved by the IRB;
- Continuing research activities after IRB approval has expired;
- Failure to report more than one event that requires prompt reporting to the sponsor;
- Failure to perform required laboratory tests or procedures that could impact the safety of the subject;
- Breaches in subject confidentiality or privacy that could pose an increased risk to subjects or others;
- An investigator deliberately decides to follow different procedures than those set forth in the protocol for one or more subjects;
- Accidental distribution of incorrect study medications;

1.10.3. Internal Compliance Reviews

Internal directed (“not for cause”) audits and random internal compliance reviews may be conducted on an as needed basis. The results may impact current practices and may require additional educational activities and will be reported to the IO and RCO Director, and, as appropriate, IRB Chair. Such audits may consider the following:

- Review the IRB minutes to determine that adequate documentation of the meeting discussions has occurred. This review will include assessment of the documentation surrounding the discussion for protections of vulnerable populations as well as any risk-benefit ratio and consent issues that are included in the criteria for approval;
- Assess the IRB minutes to assure that quorum was met and maintained;
- Assess the current Adverse Event (AE) reporting process;
- Assess privacy provisions, according to HIPAA guidelines have been adequately reviewed, discussed and documented in the IRB minutes;
- Evaluate the continuing review discussions to assure they are substantive and meaningful and that no lapse has occurred since the previous IRB review;
- Observe IRB meetings or other related activities;
- Review IRB files to assure retention of appropriate documentation and consistent organization of the IRB files according to current policies and procedures;
- Review the IRB database to ensure all fields are completed accurately;
- Review of evaluations by the IRB members;
- Verification of IRB approvals for collaborating institutions or external performance sites; and
- Other monitoring or auditing activities deemed appropriate by the IRB.

1.10.4. Quality Improvement

All quality assurance reports, both research-related and HRPP-related, will be reviewed by the RCO Director and the IO in order to determine if systemic changes are required in the HRPP to prevent re-occurrence. If so, a corrective action plan will be developed, implemented and evaluated.

Regulations & Guidance: AAHRPP I.3.L.

Approved by: Yusheng (Chris) Liu, PhD
Name of University Institutional Official



April 27, 2022

Signature of University Institutional Official

Date