Discussion Topics

- IRB Regulations and Structures
- Common Rule & Single IRB Use
- Non-Compliance in Human Research
- Remediation Strategies

IRB REGULATIONS AND STRUCTURES
Regulatory Landscape

Research involving human volunteers requires review and approval by an IRB.

- Department of Health & Human Services
  - 45 CFR 46 – “The Common Rule”
- Food & Drug Administration
  - 21 CFR 50, 56, 312, 812
- Federalwide Assurance: Institutional Promise

Do you know what is regulated? Does your workforce?

IRB Structures

INSTITUTIONAL IRBs
- Common Model in Academic Medical Centers
- Local IRB review provided within the institution

RELIANCE ON “EXTERNAL” IRBs
- More Common Model in Community Hospitals/Independent Physician Practices
- Local IRB review provided outside the institution
- Trending, even in institutions with their own IRB

Human Research Protection Program

The human protection program is in place to ensure the rules are followed, regardless of IRB structure.

- Partners with IRB in review; communicates local context considerations to external IRBs
- Monitors research conduct for compliance with regulations, IRB requirements
- May work with IRB to report non-compliance to the Institutional Official/Federal Agencies
COMMON RULE & SINGLE IRB USE

Common Rule Revisions

- Effective Date January 19, 2018
- Reduced Regulatory Burden
- New Broad Informed Consent Provisions
- Requirement for Single IRB Use in 2020

New Effective/Compliance Date: July 19, 2018 (for now!)

Single IRB Use

Common Rule Provisions
- Requires Single IRB for domestic multi-site research funded by the US DHHS and other agencies that follow the common rule
- Effective Jan 19, 2020

NIH Single IRB Use
- Effective January 25, 2018
- Applies to NIH funded non-exempt, multi-site research conducted at two or more domestic sites where each site runs the same protocol
Responsibilities

Reviewing IRB
- Maintain IRB registration, compliant membership, records, and SOPs
- Review study/consent to ensure meet regulatory criteria for approval
- Conduct post-approval IRB reviews (annual reviews, amendments, etc.)

Relying Site
- Maintain FWA, review local context, investigator qualifications, etc.
- Ensure consent has local information (e.g., injury language, HIPAA)
- Conduct on-site monitoring; report issues to IRB as needed
- Coordinate ancillary reviews (COI, Radiation/Biosafety)

NON-COMPLIANCE & REMEDIATION STRATEGIES

Compliance Considerations

Your institution is liable for the conduct of the research. Period.
- It doesn’t matter what IRB model you have, the liability for study conduct falls on the institution
- Institutions need policies and procedures for identifying and handling non-compliance
- Training, mentoring, monitoring, and quality assurance programs are key
Non-Compliance

<table>
<thead>
<tr>
<th>Common Errors</th>
<th>Common Causes</th>
<th>Common Corrective Actions</th>
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</thead>
<tbody>
<tr>
<td>Failure to follow protocol</td>
<td>Not enough time, staffing</td>
<td>Add personnel; resources</td>
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<tr>
<td>Incomplete case histories</td>
<td>Insufficient oversight or</td>
<td>Feasibility; reduce # studies</td>
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<td></td>
<td>monitoring</td>
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<td>Insufficient source</td>
<td>Lack of expertise/knowledge</td>
<td>Training, mentoring</td>
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<td>documentation</td>
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<tr>
<td>Consent documentation errors</td>
<td>Insufficient systems/controls</td>
<td>SOPs, templates, system controls, QA monitoring</td>
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<td>Failure to obtain IRB approval</td>
<td>Bad apple?</td>
<td>Behavioral modification/rehab; restrict research privileges</td>
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Remediation Strategies

Best Practices in Corrective & Preventive Actions
- Root Cause Analysis
  - Identify contributing factors, define underlying causes to identify appropriate corrective actions to prevent recurrence
  - Design and implement corrective and preventive action plan
  - Simple & measurable; beware the kitchen sink strategy!
  - Incorporate timelines for implementation
  - Evaluate effectiveness of corrective actions
  - Document!

Who's Involved?

Research/Corporate Compliance
- Institutional Compliance Unit

Reviewing IRB
- Remember: this could be outside of your institution

Local IRB
- Didn’t review the protocol, but do they have a role?

Research Integrity Officer/IO
- Can restrict privileges – must be involved?
Case Study

A routine Quality Assurance review identifies errors in informed consent documentation...

Step 1: Root Cause Analysis – who is on the team to assess? Use the Five Why’s
Step 2: Develop Corrective and Preventive Action Plan
Step 4: Who verifies and documents the CAPA was effective in remediation?

What if reviewing and local IRB involved? What if there are differing opinions?
Who determines if errors are serious/continuing non-compliance?
Who reports to federal agencies?