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| **Wayne State University****Institutional Review Board** |
| **Subject** | **01-02 Human Research Protections Program** |
| **Approvals** | 12/06/2018; Administrative, General Counsel and IRB Approval 12/2019, Administrative Approval 2/17/2020, General Counsel and IRB Approval 7/2022, Administrative & General Counsel approval 7/2024, IRB Approval 8/2024. |

Wayne State University’s HRPP is a comprehensive University-wide program that ensures the safe and ethical conduct of human participant research by all faculty, staff, and students at Wayne State University and its affiliates. This program includes review of proposed research by relevant oversight committees; continuing oversight for compliance with applicable regulations and policy; education and training for investigators, staff, and committee members; quality assurance; and continuing process improvement. The realization of the University’s commitment to the highest human participant protection standards requires the dedication of all members of the WSU research community and University administration.

**1.0 Mission Statement**

Wayne State University (WSU) is committed to the safety and protection of human participants involved in biomedical and social research at our Institution and its affiliates. WSU's Human Research Protection Program (HRPP) meets or exceeds the highest ethical standards for human research required by local, state, and federal laws and regulations. Our mission is to create an institutional culture that values integrity in the conduct of research as well as the pursuit of knowledge and innovation that provide human benefit.

In accordance with ethical principles, applicable laws and regulations and our Federal-wide Assurance, the Wayne State University’s Institutional Review Board (IRB) must approve all research involving human participants, both biomedical and social science/behavioral, before research commences.

**2.0 Authority**

WSU has established a Federal-wide Assurance (FWA 00002460) through the Office of Human Research Protection (OHRP) to conduct human participant research. WSU’s FWA covers faculty, employees of WSU and its affiliated institutions, students, trainees, and anyone conducting such research under the auspices of WSU or its affiliates. Wayne State University (WSU) limited the scope of its Federalwide Assurance (FWA) to federally funded research. Research projects that present no more than minimal risk to human participants are eligible for flexible review and oversight. Federally sponsored studies, projects with FDA-regulated components, projects with prisoner participants, and projects with contractual obligations or restrictions that require adherence to federal regulations are not eligible for flexible review and oversight. Refer to the WSU IRB “Flexible Review and Oversight of Research Not Covered by Federalwide Assurance” Policy for information about flexibility in the review of eligible research.

All research carried out at WSU or its affiliates’ sites by individuals not otherwise associated with WSU (e.g., an investigator from an outside institution) needs review and approval from both institutions’ IRBs. Local (WSU and its affiliates) investigators who wish to use an outside IRB as the IRB of record for a particular research study must apply to the WSU IRB for authorization to do so.

All research that meets the Department of Health and Human Services (DHHS), the Food and Drug Administration (FDA), or Department of Defense (DoD) definition of human participant research is subject to the policies and procedures of the HRPP and review by WSU’s Institutional Review Board (IRB). See “What is Human Participant Research”, available on the IRB website, for assistance in this determination. For further assistance, investigators are encouraged to contact the IRB Administration Office.

The IRB has the authority to approve, require modification in (to secure approval), or disapprove human research activities at WSU and its affiliate institutions; to suspend or terminate approval of research not being conducted in accordance with pertinent laws, IRB requirements or University policy; and to observe, or have a third party observe, the consent process and other aspects of the conduct of the research.

**3.0 Ethical Principles, Laws, and Policies**

In accordance with its dedication to the highest levels of research integrity, all research at Wayne State University is conducted in compliance with the principles of the Belmont Report and other ethical codes of conduct for research, such as the Declaration of Helsinki and the Nuremberg Code, and is consistent with Good Clinical Practice (GCP) guidelines. Wayne State has made a commitment to conduct research, under these principles and all relevant local, state, federal and international regulations in order to provide the same high level of protection for all human participants.

The determination of whether research meets the definition of “human participant research” is based on the definitions established by the Department of Health and Human Services (DHHS), the Food and Drug Administration (FDA), and the Department of Defense (DoD).

**3.1 Belmont Report**

The WSU HRPP is guided by the ethical principles set forth in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research entitled Ethical Principles and Guidelines for the Protection of Human Subjects Research (the “Belmont Report”). The Belmont Report outlines the following three main ethical principles that are fundamental to ensuring the protection of human participants in research:

**Respect for Persons**

This ethical principle states that all individuals have agency and autonomy and retain the right to make voluntary decisions. The Belmont report also recognizes that not all persons are capable of making autonomous decisions. Therefore, in order to ensure respect for persons, we must also protect those with diminished autonomy. Any person who is to be a human participant in a study must give their consent freely without pressure, or undue influence. Any person who is not capable of making autonomous decisions must consent through a legally authorized representative, or parental permission.

The WSU IRB applies this principle through careful review of the recruitment and consent process including all participant-facing recruitment materials and informed consent/assent forms, information sheets and oral consent scripts.

**Beneficence**

This ethical principle creates an obligation to protect participants from harm and secure their wellbeing. This is done by maximizing the benefits of research while minimizing its harms and ensuring that any remaining harms to participants are reasonable in relation to the anticipated benefits.

The WSU IRB applies this principle through a careful review of all risks and benefits of the proposed research. For any human participant research protocol/proposal to be approved, the risks must be reasonable in relation to anticipated benefits, if any, to participants and the importance of the knowledge that may reasonably be expected to result (45 CFR 46.111(a)(2)). When assessing the risks and benefits to participants in human research protocols/proposals, the IRB considers risks of injury or discomfort to participants that can be either physical, psychological, legal, economic, or social.

**Justice**

The Belmont Report states: “An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly”. The distribution of benefit and burden, or risk must be equitably distributed across society. Human participant research should not unduly involve individuals from groups unlikely to be among the beneficiaries of subsequent applications of the research. The principle of justice applies to the selection of participants/subjects for a research protocol/proposal.

The IRB applies this principle through careful consideration of the population being studied and the study’s enrollment criteria. The IRB must ensure that procedures and outcomes in the selection of individuals and classes of individuals is fair. Vulnerable classes of subjects should be given special protections, and not be unduly selected as research participants due to their ready availability or dependent status.

**3.1 Federal Regulations**

WSU complies with the Code of Federal Regulations (CFR), the Common Rule, as it applies to human participant research. These include the regulations from DHHS [45 CFR 46] and its subparts, the FDA regulations [21 CFR 50 and 56], the Veterans Administration regulations [38 CFR 46] including subparts, and all other relevant federal regulations.

The Common Rule and FDA regulations do not preempt other state and federal laws relating to the conduct of human research or to other aspects of the research itself. This guidance document describes related federal and state laws which may have bearing on the conduct of human research at WSU. The descriptions provided below are intended to assist investigators and the IRB in determining when such laws and regulations may apply and are not intended to provide the detailed information required to ensure compliance with these laws/regulations. Investigators and IRB staff should consult the applicable regulation for additional guidance.

To see all Federal agencies that sign on to the 45 CFR 46 Common Rule visit: [https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html#](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html)

When following FDA regulations: classified research involving human participants cannot be approved by a VA facility IRB or affiliate IRB or Research and Development Committee or performed at VA facilities.

**3.2 Health Insurance Portability Privacy Act (HIPAA)**

The IRB serves as the HIPAA Privacy Board for all human participant research at WSU and its affiliates. It must assure that HIPAA rules and all other privacy and confidentiality regulations are met for all research conducted at WSU and its affiliates (45 CFR 46, Parts 160, 162, and 164; 38 CFR 46, Parts 160, 162, and 164).

**3.3 State and Local Law**

Wayne State University is committed to assuring that human participant research complies with all applicable state and local law. An attorney from WSU’s Office of the General Counsel (OGC) is a full voting member of a WSU IRB and therefore maintains updated knowledge of pertinent regulations and IRB policies. All IRB policies, and major changes to policies, are reviewed by this attorney member to ensure that the policy complies with state and local law. New laws that require the immediate attention of the IRB are reported to the IRB Training Coordinator and the IRB Chair, and the information is reported at the next scheduled IRB meeting. Relevant information is also disseminated to the research community by the IRB Training Coordinator. [45CFR 46.116; 45 CFR 46.102; 38 CFR 46.116; 38 CFR 46.102]

**4.0 Wayne State University Statutes and Policy**

**4.1 Wayne State University Policies (UP)**

The following University policies can be referenced by the link provided.

* Delegation of Authority: UP 99-4 §3-2: https://policies.wayne.edu/hr/99-4-personnel-actions
* Conflict of Interest Disclosure: UP 08-01§ 1.1: https://policies.wayne.edu/administrative/08-01-conflict-of-interest
* Investigator Disclosure: UP 08-02 § 1.1: <https://policies.wayne.edu/administrative/08-02-investigator-disclosure>

**4.2 University Research Policy Statute - 2.41.01 et seq.**

* Classified research, which is any research placed under restrictions that prevent it from being freely described and its results openly published in the traditional manner, shall be excluded. This provision may be waived in a national emergency, and then only in circumstances that require University participation. A sponsor, upon request, may have the privilege of reviewing a report of the results of an investigation prior to publication, but publication delays beyond 90 days are not acceptable
* In all research programs accepted by the University, respect for the dignity of human beings and the humane treatment of research animals must be assured.

**4.3 Administrative Policies and Procedures Manual**

* Legal Services: UP 8.0: https://policies.wayne.edu/legal

**5.0 Human Research Participant Protection Program Components**

**5.1 Institutional Review Board**

**5.1.1 IRB Oversight**

The Vice President for Research (VPR) has delegated authority to the Associate/Assistant Vice President for Research (AVPR) to provide oversight to the IRB by:

* Ensuring compliance with the FWA, federal regulations, state statutes, local law, IRB decisions, Institutional policies, and international ethical principles for protecting human participants in research.
* Oversight of the IRB review and approval process to ensure compliance with pertinent policies and regulations.
* Oversight of the educational instruction and training for IRB members, investigators, and research and administrative personnel in coordination with the HRPP Director.
* Drafting, reviewing, and approving policies and procedures submitted for approval to the WSU IRB.
* Conducting institutional review of sensitive protocols that have been approved by the WSU IRB.
* Overseeing random protocol reviews and for-cause audits in coordination with the Sr. Research Compliance Specialist.
* Suspending or terminating protocols on behalf of the institution for non-compliance with the FWA of Wayne State University policies and procedures.
* Notifying federal agencies and sponsors regarding compliance issues.
* Instituting corrective action plans to address audit findings.
* Serving as a liaison between the University and the community at large on issues related to protecting human participants in research.
* Oversight of the Financial Conflict of Interest (COI) Committee in coordination with the COI Coordinator.
* Oversight of all applicable safety programs managed by the Office of Environmental Health and Safety (OEHS) (i.e.,biosafety, radiation safety, chemical safety) OEHS, which reports to the AVPR.
* Ensuring communication among all components of the human research community. This includes sitting on relevant University and affiliate committees and sharing minutes between the IRB and affiliate institutions.

**5.1.2 Overview of the IRB**

Wayne State University has three (3) separate committees that are constituted as IRBs, and which have oversight over all human participant research at WSU and its affiliates registered under the Wayne State FWA. There are two (2) IRBs that review all medical protocols ( M1, MP2). The Behavioral IRB (B3) is responsible for reviewing all behavioral and social science research.

Each committee that reviews John D. Dingell Veterans Administration Medical Center (VAMC) protocols maintains at least one(1) representative from the VAMC. Each committee also includes members as required by federal regulations:

* at least one member whose discipline is nonscientific;
* at least one community (unaffiliated) member;
* appropriate scientific expertise.

The IRBs have the authority and responsibility to approve, require modifications to, or disapprove all human subject research before it is initiated in order to comply with ethical principles and federal, state, and local regulations and institutional policy. The IRBs provide continuing oversight of all human participant research for all research reviewed at a fully convened board, and expedited research subject to FDA regulations. The IRBs have the authority to assure, on an ongoing basis, that the risks of proposed research are justified by the potential benefits to the participants and to society, that the risks do not fall disproportionately on one group and that risks are minimized to the extent possible consistent with sound research design.

The IRBs are authorized to oversee the consenting process to ensure that agreement by an individual to participate in research is voluntary and knowing. Individuals who are particularly vulnerable (fetuses, children, prisoners, students, employees, or those whose capacity to consent may be in doubt) require additional protection during the consent process. In addition, there are designated members of the IRB committees to represent prisoners, handicapped and other vulnerable categories.

In addition to the AVPR and the IRB Chair, IRB committees have the authority to initiate random and for- cause audits to determine compliance with the research protocol and WSU policies and procedures. They inform the Associate/Assistant Vice President for Research of all suspensions, terminations, and occurrences of noncompliance so that appropriate administrative action can be taken.

To prevent undue influence, the IRB must function independently. Attempts to coerce or otherwise unduly influence the decisions of the IRB are forbidden.

Undue influence means attempting to interfere with the normal functioning and decision-making of the IRB, or to attempt to influence an IRB member, IRB Administration Office staff member or any other member of the research team, outside of the established processes or normal and accepted methods in order to obtain a particular result, decision, or action by the IRB or one of its members or staff.

If an IRB Chair, member, or staff person feels that IRB decisions have been unduly influenced by any party, then they shall make a confidential report to the AVPR.  The AVPR has the authority to oversee compliance issues and is charged with investigating allegations of undue influence upon the IRB and with implementing corrective action if necessary. The AVPR will ensure that a thorough investigation is conducted and, where appropriate, that corrective action is taken to prevent additional occurrences.  In the event that the allegation involves the AVPR, then the matter will be referred to Vice President for Research or other unconflicted university administrator for investigation and any necessary action.

**5.1.3 The IRB Chair**

The IRB Chair provides leadership for the IRB members of their individual committee and serves as a liaison between the IRB and investigators when issues arise. He/she works closely with the HRPP Director, IRB Administration; and the AVPR on regulatory issues. The IRB Chair is also charged with reviewing and approving expeditable protocols, amendments, and continuations, as well as concurring with exemptions. The IRB Chair reviews applications for Single Time/Emergency Use of a Test Article and Humanitarian Use Device applications. He/she reviews deaths and other serious adverse events in consultation with other IRB Chairs and/or the HRPP Director, and IRB Administration. The telephone number of the office of the IRB Administration Office is listed on all Wayne State University and affiliate consent forms for the Chairs as the contact person for research participants who have questions or concerns.

**5.2 Financial Conflict of Interest (FCOI) Committee**

The FCOI Committee has review and oversight responsibility for financial conflicts of interest disclosed by researchers at WSU and its affiliates. Conflict of interest is identified through required disclosure at submission of each IRB protocol, yearly and within 30 days of any significant change. The Committee members serve in various roles and disciplines from across the University and can include the AVPR. The FCOI Committee meets at least twice yearly, or as necessary, to develop management plans and update policies and procedures for compliance with federal regulations. For situations involving minimal to moderate conflicts of interest, a subcommittee meets as often as necessary to review these in a timely manner.

**5.3 Institutional Biosafety Committee (IBC)**

The IBC has review and oversight of research involving recombinant DNA and the use of biological agents. Research involving recombinant DNA and the use of biological agents must contain an approval from the biosafety committee prior to IRB approval.

**5.4 Affiliate Hospital’s Radiation Safety Committees**

Each of Wayne State’s affiliate hospitals have their own radiation safety committee for the safe and lawful use of ionizing radiation. Each of the Radiation Safety Committees provides oversight, review, and approval for the use of ionizing radiation in their institutions for research protocols over and above standard of care. This review and approval is required prior to submission of a protocol to the IRB.

**5.5 Deans and Chairs and Center and Institute Directors**

The College Deans, Department Chairs and Center and Institute Directors, or their designees, are required to certify that the Principal Investigator has the necessary expertise, facilities, resources, and staff to conduct the research as described in the protocol. Deans and Chairs must also affirm that the research protocol is consistent with sound research design and is sound enough to yield the expected knowledge. An affirmation statement signed by the Dean or Chair is included in the IRB application and certifies that the above criteria have been met. WSU’s affiliates designate authorized signatories for their researchers’ protocol submissions, and these signatories are on file in the IRB Administration Office.

**5.6 Sponsored Program Administration**

The Sponsored Program Administration office (SPA) serves as an interface between the IRB, the PI, and the granting agency. SPA reviews grant applications or contract proposals to ensure that research proposals involving human participants have or will have IRB review and approval before an account is established. The Sponsored Programs electronic proposal routing system (Cayuse) inquires if human subject research is a component of the research proposal. If so, the IRB letter of approval for a project is required before an account is established.  Contracts for clinical trials are reviewed for consistency with the IRB approved consent forms.

At the time of the award, SPA provides the sponsor, upon request, with documentation of 1) final IRB approval and 2) verification that all "key personnel" have completed the mandatory WSU or other WSU approved human research participant training program. When a protocol has been closed, suspended, or terminated SPA resolves the account based upon the contract/agreement. It is the responsibility of the SPA staff to ensure that all performance sites cooperating in the conduct of research maintain an FWA, the appropriate assurance of compliance, or both.

**5.7 Technology Commercialization**

The Associate Vice President for Research and Technology Commercialization oversees the Technology Commercialization Office (TCO) which is responsible for the identification, protection, marketing, and licensing of intellectual property (e.g., patents, unique biological or other materials, and copyrights) developed by Wayne State University faculty. TCO requires that all material transfers having to do with human participants (e.g. DNA, blood, serum, tissue) have been reviewed and approved by the IRB via an Affirmation Memo requesting the IRB approval letter. Faculty are referred to the Biosafety office for special handling procedures in the transfer of biological agents.

**5.8 Office of General Counsel**

A designated member of the Office of General Counsel (OGC) reviews all IRB policies for compliance with federal, state, and local law and University policy prior to their being submitted for final approval by the AVPR, and every three years thereafter. The OGC keeps up to date with all relevant changes in state and local law. Laws that require the immediate attention of the IRB are reported to the Director of HRPP and the IRB Chairs immediately. The information is reported at the next IRB meetings and disseminated to the research community by the IRB Training Coordinator. A representative of OGC is a member of at least one IRB.

**5.9 Graduate School**

All graduate students are required to submit the Doctoral Dissertation Prospectus and Record of Approval Form which requires the student to submit an IRB approval letter if the research includes human participant research. This form is then signed by the student, Dissertation Advisory Committee, the Departmental Graduate Advisor, and the Dean of the Graduate School.

The Graduate School also provides additional information to students on University research compliance policies and procedures in the Internal Research Support Booklet available in the Graduate Office and website, IRB offices and the Office of the Vice President for Research and Research Compliance and Regulatory Affairs.

In addition, the initial graduate student packet includes a flyer on human participant research with the contact numbers of the Office of Research Compliance and Regulatory Affairs and the IRB.

**5.10 Institutional Affiliations and Agreements**

Wayne State University has a unique relationship with the Detroit Medical Center, the John D. Dingell Veterans Affairs Medical Center, and Karmanos Cancer Institute. The affiliation agreements between these organizations specifically state that all human research activities will be conducted under the auspices of the WSU IRB, while clinical care will be conducted under the auspices of the specific health care institutions.

**5.10.1 WSU MEDICAL AFFILIATES:**

* Detroit Medical Center (DMC)
* Karmanos Cancer Institute
* John D. Dingell Veterans Affairs Medical Center

**5.11 Communication with Other Research Components**

**5.11.1 Department of Psychiatry Protocol Review Board (PPRB)**

The Psychiatry Protocol Review Board pre-reviews all Wayne State Faculty Psychiatry and Behavioral Neuroscience proposals prior to being submitted to the IRB. All protocols from the Dept. of Psychiatry must have an approval letter from the PPRB at the time of submission to the IRB.

**5.11.2 John Dingell Veterans Medical Affairs Clinical Investigation Committee (CIC)**

The CIC, a subcommittee of the John Dingell Veterans Administration Medical Center (JDVAMC) Research and Development Committee, pre-reviews all VA projects involving human participants for scientific merit, ethics, and compliance with federal VA regulations prior to submission for IRB review. All protocols from the John D. Dingell VA must have an approval letter from CIC at submission. The IRB maintains a representative as a non-voting member of the CIC committee to ensure consistency in human participant policies and procedures between the two institutions.

**5.11.3 Barbara Ann Karmanos Institute (Institute or Karmanos) Protocol Review and Monitoring Committee (PRMC)**

The Karmanos PRMC pre-reviews the scientific merit of cancer research protocols, ensures prioritization of therapeutic cancer protocols according to the Institute’s scientific priorities and monitors scientific progress. All protocols from Karmanos must have an approval letter from the PRMC at submission.

**5.11.4 Detroit Medical Center (DMC) Research Review Process**

The DMC Research Review Process requires investigators using DMC facilities to apply for authorization to perform research at DMC sites. The DMC Research Review Process reviews proposed studies, budgets, and performance site agreements in order to ensure that they are appropriately structured to comply with State and Federal regulations and DMC policy. The IRB requires DMC approval before releasing WSU IRB approval.

**5.12 Advisory Committees**

**5.12.1 The Research Deans and Directors (RDD) Committee**

The Research Deans and Directors Committee meets quarterly to exchange information and discuss all aspects of research. The RDD Committee meetings provide an opportunity to discuss human subject compliance issues and gain input from individuals closely involved in the research endeavor from across the University. This committee serves as a mechanism for dissemination of information to the research community.

**5.12.3 Study Coordinators Advisory Network**

The Study Coordinators Advisory Network is a quality improvement committee for research and the IRB and is comprised of self-nominated research coordinators from Wayne State University and its affiliate institutions. The purpose of this network is to:

* suggest ways to improve communication between the IRB, Principal Investigators, and their research coordinators;
* discuss solutions to common problems encountered in managing research data, coordinating studies, and meeting the requirements of the IRB and federal regulators;
* identify necessary educational programs; and
* identify improvements in the quality of the human research protection program.

**6.0 Internal Meetings in the Office of the Vice President for Research**

**6.1 Vice President for Research and Executive Management**

The VPR and the AVPR meet biweekly as part of an executive management meeting where each Associate/Assistant VP reports on the past week’s activities. Additional meetings between the VP and AVPR occur as the need arises. These meetings involve issues concerning compliance and include a continual evaluation of the current resources and efficacy of the HRPP.

**6.2 AVPR and Directors**

The AVPR for Research Integrity oversees two Directors, who in turn oversee staff in their respective areas of compliance. The AVPR meets biweekly with the Directors to discuss compliance and regulatory issues.

**7.0 Education and Training**

The WSU HRPP assumes the responsibility for providing education to the research community on ethical principles, laws, policies, regulations, and University policy concerning human participant research. To facilitate this responsibility the IRB maintains an IRB Training Coordinator whose duties include the initial and ongoing training and education of IRB committee members, administrators, research investigators, key personnel, and appropriate staff. All IRB members, staff, and researchers must complete online training from the Collaborative Institutional Training Initiative (CITI). The IRB Administration and the Training Coordinator are responsible for notifying IRB members, IRB staff, and the research community at WSU and its affiliates of changes in IRB policy, federal regulations, as well as state or local laws or statutes. The notification is sent out promptly via e-mail (listserv) and is relayed at IRB meetings allowing discussion and clarification for IRB members. Revised policies, regulations, laws, or statutes are also posted on the IRB website with appropriate identification (i.e., “NEW”) affixed to the link.

For research sponsored by the Department of Defense, initial and continuing research ethics education is required for all personnel who conduct, review, approve, oversee, support, or manage human participant research. Researchers, IRB staff, IRB members, and the research community at large will be notified of specific research requirements under a Department of Defense Addendum and educated about the requirements when appropriate.

Reappointment of IRB membership is evaluated on a regularly scheduled basis. Each individual is reviewed by the Assistant/Associate Vice President for Research, IRB Chair, and HRPP Director. The evaluation consists of a review of an individual’s attendance at meetings, active participation in discussion, adequacy of protocol review, and appropriate understanding of rules and regulations pertaining to research (including IRB policies and procedures, the federal code of regulations, local and state laws, and statutes). Refresher CITI training courses must also be completed as a requirement for reappointment to an IRB.

**7.1 IRB Committee Members**

The Director HRPP or designee attends each committee meeting to provide compliance expertise in the discussions, when needed, and also to provide information on any recent developments in human participant regulations.

IRB members are initially required to attend an orientation session with the Training Coordinator, at which time they are presented with an IRB Member Manual that includes copies of Good Practices, ethical foundations and IRB policies and procedures including “Expectations of IRB Membership.” New IRB committee members must complete the online CITI training as a membership requirement. In addition, new members attend one or two committee meetings as an observer prior to achieving voting rights.

Committee members and IRB Administration Office staff receive ongoing training and updates at committee meetings, staff meetings and other education seminars provided throughout the year. Information is also disseminated through a WSU online publication “Research@Wayne”, the IRB website and instructional emails.

The IRB Chair, HRPP Director, IRB Operations Manager, and Training Coordinator are available when needed to answer any questions or concerns the IRB members may have.

**7.2 Principal Investigators and Staff**

All investigators and their research staff are considered engaged in the research and are subject to the requirements of the IRB when the purposes of the research is to: (1) obtain information or bio-specimens through intervention or interaction with human subjects; (2) obtain, use, study, analyze, or generate identifiable private information or identifiable bio-specimens from the subjects of the research; or (3) from the informed consent of human subjects for the research.

All Investigators and their research staff are required to successfully complete the CITI training modules and any other training as may be required by the PI’s institutional/departmental policy prior to protocol approval. Records documenting the successful completion of the training is maintained in a database and is verified by IRB staff as a condition of IRB protocol approval. The Principal Investigator is also given individual training by the Training Coordinator, if requested. Individual or group training is available at any time through the Training Coordinator.

The Principal Investigator has the ultimate responsibility for administration of the research protocol. The PI must ensure that all his/her research staff has the knowledge, resources, and ability to maintain the highest standards of compliance with all local, state, and federal laws and regulations and University policy.

Principal Investigators and/or their staff may be required to have additional training if a compliance problem is identified.

**7.3 Community**

Community-based participatory research (CBPR) involves a partnership between researchers and community members, residents, or community organizations. The University supports academic/research and community partners to develop models and approaches to building communication, trust, and capacity, with the final goal of increasing community participation in the research process.

The responsibility for community outreach and education is also shared between the Assistant/Associate Vice President for Research, the IRB Operations Manager, HRPP Director, and the IRB Training Coordinator.

The IRB Training Coordinator serves as the Community Liaison who speaks to interested community groups concerning the rights and responsibilities of research participants. Speaker evaluations are initiated by the event planner and shared with the speaker upon request. The evaluations are reviewed by the HRPP director and the IRB Training Coordinator to assess the effectiveness of the presentation.

The IRB Operations Manager and the Training Coordinator are available to take calls concerning community and participant questions and complaints. The AVPR serves as a liaison between the University and the community at large and is available for educational presentations.

The IRB Training Coordinator is available to meet with community-based researchers to assess the need for community outreach education and collaborate outreach events.

**8.0 Program Evaluation Procedures**

Evaluation of the efficacy of the Wayne State University HRPP is the responsibility of the Vice President for Research in collaboration with the AVPR. The IRB members, staff, investigators, sponsors, administrators, and participants also share in this responsibility with an obligation to report any concerns or suggestions for improvement of the HRPP. Program evaluation outside of the OVPR is actively encouraged by open access to the Office of Research Compliance and Regulatory Affairs and all departments within its oversight, and cross-membership between committees with an HRPP component.

**8.1 Process Improvement**

The IRB Training Coordinator is responsible for a continuing review of changes in all federal, state, and local laws and regulations concerning human participant research and assuring the HRPP policies and procedures are consistent with the current regulations.

The IRB Training Coordinator, in collaboration with IRB Administration staff and the HRPP, conducts an ongoing review of IRB policies and processes for process improvement purposes.

**8.2 Audits and Protocol Reviews**

The Research Compliance Specialists conduct for-cause audits and random protocol reviews. Results of the audits are reviewed with the AVPR and the IRB Chair. Serious issues are also reported to the Vice President for Research. Any systematic compliance deficiencies are discussed with the process improvement team and may result in new or revised policy, training and education programs are reflected in internal IRB processes.

**8.3 Budget Review**

The AVPR and Senior Director receive and discuss financial reports quarterly. The AVPR and Senior Director meet annually with the AVPR of Business Operations near the end of the fiscal year to review the financial status of the IRB fiscal operations and plan the coming budget allocations.

**8.4 Review of IRB**

The AVPR and the IRB Chair conduct an ongoing review of the number and composition of the committees to ensure that they are adequate for the numbers and types of protocols submitted to the IRB office. This evaluation occurs during regular meetings with the staff and take into account any complaints or suggestions from researchers.

**8.5 Staff Evaluations**

AlI full-time IRB staff submit a yearly self-assessment which includes job responsibilities, educational achievements, and additional training. The staff then meet with, and are evaluated by, their immediate supervisor for ongoing job efficacy (See IRB Policy 5-2 Selection & Review of Institutional Review Board Members and Staff for more information)

**8.6 IRB Member Evaluations**

IRB members are evaluated by the AVPR, IRB Chair, and Director- HRPP to ensure that the committees maintain the required qualifications, expertise, and experience. The assessment also includes the ongoing competence of each member, including expertise, meeting attendance, the number and types of reviews conducted, timeliness of reviews, ongoing training, and professional development (See IRB Policy 5-2 Selection & Review of Institutional Review Board Members and Staff for more information).

**8.7 Yearly Risk Assessment**

Each University department submits a yearly risk assessment to the Office of Internal Audit. The department self-evaluation also serves to identify potential problems that need to be addressed.

**8.8 Questions and Complaints**

Contact information for the IRB Chair is included on all Informed Consent forms. The IRB website and Internal Research Support booklet also contain contact information.

**8.9 Professional Conferences**

University officials responsible for research compliance keep current in regulatory and policy developments through membership and participation in professional associations, such as NCURA, NAILS, PRIM&R, COGR, AAHRPP, etc.

**9.0 Summary**

The WSU HRPP utilizes duly constituted IRBs for the oversight of all biomedical and behavioral research conducted by researchers at WSU and its affiliates. The program also encompasses a variety of University committees and University officials who are dedicated to ensuring compliance with federal state and local laws, and relevant institutional policies, in order to provide a comprehensive program for the protection for human participants in research.