 **IRB Policy & Procedure**

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| **Wayne State University****Institutional Review Board** |
| **Subject** | **01-3 Human Research Protection Program: Roles and Responsibilities** |
| **Form Date** | February 2, 2009 (Rev. 06/23/10) |
| **Approvals** | Steering Committee: Rev. 12/07/06, Initial, All IRBs: 02/21/01 Administrative: 2/27/01General Counsel 11/20/06, Administrative Approval 12/18/06, Administrative Approval01/30/09, Administrative Approval 09/30/10, Administrative Approval 03, 2015, Administrative, General Counsel and IRB Approval 12/2019: Policy revisions combine 04-14 General Counsel: Roles and Responsibilities |

**Background**

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 and is conducted in accordance with ethical principles that have their origin in the Declaration of Helsinki, Nuremberg Code and the Belmont report. Our HRPP is compliant with Good Clinical Practice (GCP).

In order to adequately protect the rights of human participants in research an effective Human Research Protection program requires an institutional organizational structure in which authority and responsibilities are clearly defined. The President of Wayne State University (WSU) has given the Vice President for Research the authority to designate the Associate/Assistant Vice President for Research (AVPR) as the University’s chief regulatory compliance officer for research. The AVPR also oversees inquiries and investigations of alleged violations of University policies and state and federal regulations related to human subject’s protections. Wayne State University’s commitment to the highest standards in human participant research also requires the cooperation and commitment of all components of the University that are involved with the conduct or oversight of human research protection; each has a distinct and critical role to play [For information about the components of the WSU HRPP, see WSU IRB Policy 01-2 Human Research Protection Program.

**Authority**

Wayne State University has granted the Institutional Review Board (IRB) the authority to approve, require modifications in (to secure approval), or disapprove all research activities, to suspend or terminate approval of research not being conducted in accordance with IRB requirements; to observe, or have a third party observe, the consent process and the conduct of the research; and the Office of Human Research Protection (OHRP) has granted the WSU IRB a Federal Wide Assurance (FWA 00002460) under which all human participant research will be conducted.

Wayne State University has granted the IRB Administrative Office the authority to determine if an activity is Human Participant Research. An individual can call the IRB Administrative Office to discuss the project or the individual can complete the Human Participant Research Determination Form. If requested, the IRB Administrative Office will provide a written determination. Please see policy [04-02 Initial Protocol Submission Requirements](https://research.wayne.edu/irb/docs/document-005-policy-04-02-initial-protocol-submission-requirements.doc) and our [Human Participant Research Determination Tool](https://research.wayne.edu/irb/docs/hpr_determination_tool_revised_for_cr.doc) and [Guidance document](https://research.wayne.edu/irb/docs/hpr_guidance-_activities_that_are_not_hpr_4_10_19.pdf).

**Definitions**

*Federalwide Assurance (FWA):* This is a confirmation of compliance with the U.S. Federal Policy for the Protection of Human Subjects (also known as the Common Rule) for the protection of human subjects in research, guided by the principles of the Belmont Report.

*Institutional Review Board (IRB)*: A specially constituted review body established or designated by an entity to protect the welfare and rights of human participants recruited to participate in biomedical or behavioral research.

*IRB Chair*: The individual who directs the proceedings of one of the IRB committees, providing expertise and leadership in a wide range of areas related to IRB functions.

*Principal Investigator (PI):* The person responsible for the conduct of research with human participants. This individual must have the experience, expertise, professional qualifications, research facilities, and resources necessary to ensure that the rights and welfare of the human participants are protected.

**Responsibilities of the Vice President for Research**

On behalf of Wayne State University, the Vice President for Research (VPR) serves as the Institutional Official and assumes the obligations of the Institution’s Federal Wide Assurance including signing the FWA documents. The VPR is primarily responsible for setting the level of the institutional culture of the ethical obligations of compliance, for instilling respect for human research participants and ensuring effective institution-wide communication and guidance on human participant research.

The Vice President for Research is also responsible for the appointment of IRB committee members and Chairs. In addition, the VPR is responsible for the creation of the budget and resource allocation necessary to ensure that there are sufficient resources, space, and staff to support the IRB’s review and record keeping obligations. The VPR must ensure respect for the authority of the IRB and its decisions and must ensure that the IRB is free from inappropriate influence. The VPR has delegated research compliance responsibility to the Associate/Assistant Vice President for Research [[WSU HR Policy 99-4 section 3.0](https://policies.wayne.edu/hr/99-4-personnel-actions); 45 CFR46.107; 45 CFR 46.304; 21 CFR56.107].

**Responsibilities of the Associate/Assistant Vice President for Research Compliance**

The Associate/Assistant Vice President for Research (AVPR) oversees the Office of Research Compliance and Regulatory Affairs and is responsible for all areas of research compliance, including research utilizing human participants, biosafety, radiation safety, conflict of interest, scientific misconduct, and non- compliance in research. The AVPR has the authority and responsibility to support, supervise, and manage selected units within the division that concern human participant research. These include the IRB, the Office of Environmental Health and Safety, and the Financial Conflict of Interest Committee [45 CFR

46.107; 45 CFR 46.304; 21 CFR 56.107; VHA Handbook 1200.5.3].

The AVPR has the responsibility to:

• Ensure compliance with the FWA, federal regulations, state statutes, local law, IRB decisions, institutional policies, and international ethical principles for protecting human participants in research.

• Review, at least annually, in consultation with the VPR, the resources provided to the human research protection program and ensure that they are adequate, this includes but is not limited to legal counsel, conflict of interest, and community outreach.

• Review annually, in consultation with the VPR, the number and composition of IRB committees and ensure that they are adequate and that reviews are accomplished in a thorough and timely manner.

• Plan improvements based on the annual review of the Human Research Protection Program.

• Implement planned improvements.

• Ensure that the IRB process is free of inappropriate influence by:

o Promptly investigating all allegations of attempts to unduly influence IRB members.

o Taking corrective action against anyone investigated and found to attempt to unduly influence an IRB committee member or IRB staff member.

The AVPR has the responsibility to provide oversight to the IRB by:

* Overseeing the review and approval process.
* Overseeing the educational instruction and training for IRB committee members, investigators, and research and administrative personnel, in conjunction with the Director HRPP, IRB Training Coordinator and IRB Administration.
* Drafting, reviewing, and approving policies and procedures submitted for approval to the IRB.
* Conducting institutional review of sensitive protocols that have been approved by the 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 or Wayne State University policies and procedures.
* Notifying federal agencies and sponsors regarding compliance issues.
* Instituting corrective action plans based upon audit findings.
* Serving as liaison between the University community and the public at large on issues related to protecting human participants in research in coordination with the IRB Training Coordinator acting as the Community Liaison.
* Overseeing the Conflict of Interest Committee in coordination with the Conflict of Interest Committee Manager.
* Ensuring communication among all components of the human research community. This includes attending meetings of University-wide and affiliate committees and sharing minutes and other communications between the IRB and affiliate institutions.

In keeping with WSU’s education mission, the AVPR also oversees the development and presentation of University-wide educational programs and on-line training related to research compliance. These include: student and faculty awareness of human participant research, ethical obligations and compliance requirements; training of investigators and key personnel and administrative staff; participant outreach and education on the rights and responsibilities of human participants.

**Responsibilities of an IRB Chair**

The individual IRB Committee Chairs, or Vice Chair if the Chair is unavailable, have the following responsibilities:

• Pre-review each protocol to determine if a full board review is necessary (i.e., research involving human participation).

* All research protocols should be assessed to ensure that the proposed study will be conducted in accordance with all applicable regulatory requirements.

• Assign protocol reviewers based upon expertise.

* Determine if an outside consultant is needed when the IRB roster lacks relevant expertise.
* Ensure that there is a permanent continuation reviewer on each committee.
* Serve as reviewer when he/she has appropriate expertise.
* Review Unanticipated Problems to determine if further committee action is necessary (see WSU IRB Policy 13-1 Unanticipated Problems and Event Reporting).
* Manage activities associated with applications for Single Patient Expanded Access requests.
* Review responses to committee-specific minor revision requests.
* Chair the committee meetings.
* Answer questions and complaints from PIs, research staff, the participants or community members, and direct issues to the appropriate resource person.
* Participate in the ongoing evaluation of the performance of committee members.
* Propose and review new policies and procedures.
* Help to ensure that committee activities comply with pertinent laws and IRB policies.

**Responsibilities of the Principal Investigator (PI)**

The PI is responsible for those acting on her/his behalf even if any of the PI’s responsibilities are delegated to members of the research team. PI responsibilities are described in [WSU IRB Policy 06-01: Principal Investigator- Roles and Responsibilities](https://research.wayne.edu/irb/docs/document-024-policy-06-01-principal-investigator-roles-and-responsibilities.doc)

**Responsibilities of Study Coordinator/Research Staff/Research Nurse**

Individuals working on a research project under the supervision and direction of a Principal Investigator (PI). Study Coordinator, Research Staff and Research Nurse must:

* Perform all research-related interventions in accordance with the IRB-approved study protocol.
* Obtain, when delegated, appropriate informed consent and/or ensure continued informed consent from all participants, and treat participants with respect and dignity.
* Complete all required human research training, and, if applicable, HIPAA training.
* Comply with the IRB-approved research protocols, applicable federal, state, and local laws and regulations, WSU policies, and IRB policies and procedures.
* Comply with the protocol’s data and safety monitoring plan and report adverse events to the PI and, as appropriate, to the IRB, study sponsor, and appropriate federal agencies.
* Protect subjects’ privacy and confidentiality according to applicable HIPAA policies, WSU policies, and IRB policies and procedures.
* Maintain all study-related documentation in accordance with WSU policies, IRB policies, and federal regulations.
* May act as an intermediary between the PI and the IRB, Sponsored Programs Administration office, and study sponsor.

**Responsibilities of the Deans and Department Chairs**

The College Deans and/or Department Chairs and other authorized signatories (“signatory officials”) are asked to certify that the Principal Investigator has the necessary expertise, facilities, resources, and staff to conduct the research as described in the protocol. The signatory official is also responsible for ensuring the following elements of the protocol’s scientific merit:

1. the research design is sound enough to yield the expected knowledge
2. the aims/objectives are likely to be achievable within a given time period
3. the rationale for the proposed number of participants is reasonable
4. the scientific design described is adequately justified
5. there is a clear differentiation between research procedures and standard care and evaluation

In signing the certification on the IRB forms, signatory officials certify that **(a)** appropriate support will be provided for the research project including adequate facilities and staff;**(b)** appropriate scientific and ethical oversight has been and will be provided; and **(c)** the research uses procedures consistent with sound research design; **(d)** the research design is sound enough to yield the expected knowledge.

Research conducted by a principal investigator whose signatory official does not have sufficient expertise to ensure the above statements should be reviewed and certified by an official or committee with the necessary expertise to determine the merits and probable success of the research. [38 CFR 16; 45 CFR

46; 21 CFR 56; VHA 1200.5 7].

**Responsibilities of General Counsel**

A representative from the Office of General Counsel (OGC) holds a position as a voting member of an IRB

committee and provides legal expertise to the IRB as necessary. [45 CFR 46.116; 45 CFR 46.102; 38 CFR 46.116; 38 CFR 46.102]. In addition, the OGC:

* Reviews new policies/SOPs and major revisions to policies/SOPs to determine if they comply with all federal, state, and local laws and University policy,
* Reviews all research policies and SOPs
* Reviews relevant changes in state and local laws on a regular basis
* Available for consultation on issues of non-compliance, scientific misconduct and export control.

For more information about the OGC policy review process, see WSU IRB Policy 05-03 Policy and Procedure Development and Approval

**Responsibilities of the IRB Administrative Staff**

Administrative and professional staff support and facilitate the IRB processes:

* Provide guidance regarding the interpretation of regulations, laws, and policies to researchers, staff, and WSU administrators.
* Ensure compliance with the terms of WSU's Federalwide Assurance (FWA) as well as with WSU policies and procedures, federal regulations, and state and local laws related to the review of human research.
* Participate in the development and subsequent implementation of WSU's human research protection policies and procedures.
* Perform quality assurance monitoring of research protocols and investigate matters of non-compliance. Implement corrective action(s) as needed in accordance with federal regulations, WSU policies, and IRB policies and procedures.
* Provide human research protection training for investigators, key study personnel, IRB members, and IRB staff.
* Complete all training requirements and stay informed of current research-related and regulatory developments.
* Monitor federal regulatory websites and other research-related resources to stay current with regulatory changes in human research protection guidelines and policies. Communicate pertinent information to other IRB staff, IRB members, and investigators in a timely manner.
* Maintain IRB study-related documentation in accordance with WSU policies, IRB policies, and federal regulations
* Receive any public allegations of non-compliance and complaints, document the allegation or complaint on a participant intake form and forward to the Director HRPP or IRB Operations Manager.

**Responsibilities of the Veterans Affairs Medical Center (VAMC)**

* Allow the University IRB to review all VA protocols (including exempt), conduct continuing reviews; adverse event reporting, amendments and to conduct quality assurance· reviews of all VA research activities,
* Assure that the Research &Development Committee considers the IRB review, and provides initial approval prior to the conduct of covered VA human subjects research. Provide information to the IRB about significant issues that come to light in the VA approval process that might affect the conduct of a protocol.
* Assure that no human research will be conducted without IRB approval or determination that the activity is exempt from review.
* Provide access to research subjects clinical records and/or case files to IRB as required for monitoring research activity. This includes any IRB member or designee.
* Provide access and training to IRB regarding VA policies and procedures that govern the VA Human Research Protection Program (HRPP) processes and determinations.
* Appoint two individuals to represent the VA Medical Center on each IRB that reviews VA research. At least one member will have scientific expertise. VA IRB representatives will have full voting membership of the IRB. At least one representative must be member of the R&D Committee. At least one VA representative will be present during full board review of VA research.
* Provide all necessary VA procedures and policies for inclusion in the University IRB SOP, so that the SOP can effectively be shared as one document.
* Assure that all key VA personnel engaged in research meet both VA and IRB training requirements and that there is a tracking system.
* Provide and facilitate the use of VA Forms 10-1086 by the University IRB.
* Adhere to requirements of University IRB regarding reporting of Conflict of Interest for IRB members.