SECTION: Not-for-Cause/Routine Review

SUBJECT: Purpose and Review Processes

NUMBER: 101.0
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NEXT REVIEW DATE: August 2019

I. Purpose

The purposes of Not-for-Cause/Routine Reviews are as follows:

A. Contribute to excellence in U-M human subject compliance protections by facilitating safety in research and by assuring rights and welfare of study participants are met; and, by providing feedback and education to investigators and the Human Research Protection Program (HRPP) regarding current practices of human subject research compliance.

B. Assist investigators and their staff to:
   1. Identify areas within their research that are or could become non-compliant with regulatory standards.
   2. Understand the principles of study participant protections.

II. The Overall ORCR Study Review Process

Studies are reviewed comparing ways in which a study is being conducted with the IRB approved eResearch application and with IRB approved study documents such as the study protocol and the informed consent document(s). Review criteria are consistent with IRB Policies and Procedures, the U-M HRPP Operations Manual, federal human subjects protections regulations and guidance, and applicable state laws. (See HRPP Policies for tools, resources and web links: http://research-compliance.umich.edu/hrpp-policies)

A Routine Review is a review with a limited focus on areas of potential study risks. For example, a focused review usually includes a review of recruitment, eligibility, informed consent processes and confidentiality protections. A higher risk study might involve a more systematic review of several study processes such as recruitment, eligibility, consenting, observations/interactions, treatment visits, follow up visits or laboratory or test results. During the course of any routine review, the ORCR reviewer may expand the review focus to include other aspects of the study and study protocol or more documents or documentation in order to ensure a thorough review has been completed and to ensure any subject safety or data integrity concerns are addressed.

ORCR will promptly report to the IRB of Record and to the HRPP Director any review observations that might be considered serious or continuing noncompliance with human study participant protections. ORCR follows the noncompliance policy in OM Part 12, II.

Although rare in occurrence, a not-for-cause review may expand into a more comprehensive for-cause review if significant concerns are identified. If a for-cause review is recommended by the HRPP Director, the PI and the IRB will be notified of this transition.

III. Procedures

ORCR study selection

Not-for-Cause/Routine Reviews will be selected from an area of research risk identified by U-M Human Research Protections stakeholders such as the IRBs or the ORCR Advisory Committee, from risk areas identified at peer institutions and from concerns of federal agencies. Because a Not-for-Cause/Routine Review is initiated to identify areas of current practices study selection is objective and systematic without prejudice.

Investigator notification

1. After a study has been identified for review, an ORCR reviewer is assigned.
2. The principal investigator (PI) is emailed notification of the ORCR review as well as the U-M IRB, the Research Associate Dean and the Director of the HRPP. ORCR Research Compliance Associates are available to answer questions at any time during the review process.

Scheduling the review

1. ORCR requests PIs to contact them within five business days of review notification. If a PI has not responded at five days, a second notification letter will be sent to the investigator.
2. The PI may, at his or her discretion, designate another person to serve as a point of contact with ORCR to set up the review schedule.
   a. The review should be within four weeks from the time the study review notice is sent.
   b. Make arrangements for adequate space to review research records on-site.
3. ORCR will make every effort to work with investigators to schedule reviews at a time least disruptive for them and their staff.
4. The PI is required to attend the initial discussion with ORCR and may invite research staff, students, and/or research assistants to attend, as appropriate to their roles as key study personnel.
   a. For an FDA regulated study, the sponsor must be present if they are a different individual than the PI.
5. If the PI is a student, the Faculty Advisor must also be in attendance.

Review preparation

1. ORCR reviews the eResearch application and IRB approved study documents prior to any on-site meeting or discussion.
2. ORCR may request additional information such as confidentiality protections or enrollment numbers, depending upon the type of study and nature of the review.
3. The PI should ensure that all subject study records are available, are up-to-date and are organized for the review. ORCR will notify the investigator if any specific research records, for example, biospecimen disposition, will be requested for ORCR review.
4. The PI should make arrangements for adequate space to review research records onsite.

On-site review

1. The study review generally includes a discussion meeting and on-site research record review. The length of time set up for the review may vary depending on the complexity of the research study and is determined by the ORCR reviewer, but is generally set up for a two-hour block of time.
2. The PI is not required for the onsite record review; however, a study team member familiar with study records must be readily accessible to promptly answer ORCR questions that may arise during this part of the review.
3. The ORCR associate meets with the PI and key study personnel invited by the PI to participate. Discussion focuses on key study practices such as recruitment, obtaining informed consent, protocol adherence, identification of any possible subject safety issues. ORCR provides practical advice about implementing human subject protections that is tailored to the unique aspects of the study.
4. The ORCR associate conducts an on-site review of research study records and confidentiality protections. All subject study records should be available for review. ORCR will notify the investigator in advance if any specific research records, for example, biospecimen disposition, is requested for ORCR review.
5. Any safety issues that could result in an immediate risk of harm to study participants are reported promptly to the IRB.

ORCR Report

1. ORCR develops a draft report of factual observations noted during the review. This draft is vetted with the U-M HRPP Director and with the IRB to ensure report information is clearly written and to provide the PI corrective actions consistent with HRPP and IRB expectations.
2. To ensure report facts are accurate, the draft is then shared with the PI for feedback. Feedback is requested from the PI within five business days. When the PI has returned the report the final report is prepared and disseminated to the PI, U-M HRPP Director, IRB Director and IRB Chairs and the Research Associate Dean of the school or college.
3. The PI is asked to upload the final ORCR report as an ORIO in the eResearch study application to document the routine review.

Follow-up on corrective actions

When there are corrective actions, ORCR will monitor progress of completion of the actions. Generally corrective actions are expected to be completed within 30 days.

Close-out

ORCR will send a close-out memorandum to the PI when all corrective actions have been completed and after the IRB has approved any IRB related corrective action submissions.