AAHRPP Site Visit 2016:
Interview Guide for IRB Members and Staff

Accreditation

AAHRPP, or the **Association for the Accreditation of Human Research Protection Programs**, will conduct a reaccreditation site visit at U-M from **March 30, 2016 – April 1, 2016**. AAHRPP is an international, independent nonprofit organization that reviews and accredits an institution's human research protections program (HRPP). U-M has been accredited by AAHRPP since 2008.

AAHRPP has been provided with a written description of U-M's HRPP policies, procedures, and resources, as well as with a list of all active IRB protocols. During the site visit, representatives from AAHRPP will conduct interviews and review records to ensure that those policies and procedures have been implemented effectively and are being adhered to throughout the university.

As an IRB member or staff person, you are an integral part of the U-M HRPP. During the site visit, AAHRPP will select nearly 100 individuals to be interviewed. Anyone who has a role in human subjects research may be selected for an interview. A number of IRB members and staff will be interviewed. AAHRPP will provide a list of individuals selected for interviews approximately three weeks prior to the visit. If selected for an interview by AAHRPP, you will be notified closer to the visit date and provided with additional information.

We anticipate each session will take between 20-40 minutes. Sessions will be in the form of individual or group interviews. We expect questions to be focused on regulatory issues related to research with human subjects, but questions may also relate to your impressions of the HRPP and IRBs at U-M. We recommend that you respond directly to the question asked. If a question seems unrelated to the type of work you do, please let the interviewer(s) know.

Preparing for the Site Visit

Early preparation is key and this document is intended to help you prepare. You may be familiar with the information included however, it is important that you refresh your understanding. Each section of this document is followed by a list of questions that you may be asked. This document includes sections on the following topics:

Section 1: General Tips

U-M's HRPP re-accreditation largely depends on these interviews. You will be expected to:

- Understand the U-M HRPP structure
- Clearly describe your role in the U-M HRPP
- Know the U-M HRPP policies
- Understand the AAHRPP accreditation process
- Understand and describe the ethical aspects, the purpose, and the value of your work
- Know where to obtain answers to ethical/regulatory questions
- Know the process for noncompliance reporting at U-M
- Know human subjects training requirements and resources at U-M
- Describe the training you've had as an IRB reviewer
- Understand what constitutes conflict of interest at all levels (i.e. staff, IRB, institution)
- Understand how a conflict of interest is managed at U-M
- Know the ethics of recruitment and inclusion/exclusion criteria

Possible General Questions

Role of the IRB

- What does the IRB do? What are your responsibilities as an IRB member?
- What is the IRB's reputation on campus?
- Is the IRB workload fair?
- Why does U-M value AAHRPP accreditation? What do you think of it?

Section 2: HRPP Policies and Procedures

The following section summarizes key elements of U-M policies and procedures that you should be familiar with for your interview. The source of this information is the **HRPP Operations Manual**. In particular **Part 3: HRPP Policy** that articulates minimum requirements for IRB SOPs.

Jack Hu, the Vice President for Research (VPR), serves as the **Institutional Official (IO)** for the U-M HRPP and he is responsible for the conduct of research at the University of Michigan. The VPR established the HRPP at U-M. The HRPP is supported by:

- The U-M Office of Research (UMOR) and its central operating units, including UMOR's HRPP staff, the Office of Research and Sponsored Projects (ORSP), the Office of Human Research Compliance Review (OHRCR), and coordinating committees, such as the IRB Council;
- Academic units, including schools, colleges, and other academic units to which faculty, staff, and trainees engaged in human research are appointed;
- The IRBs (i.e., IRBMED, IRB-HSBS, IRB-Dearborn, and IRB-Flint);
- Other research review and support units and committees, such as the Michigan Institute for Clinical & Health Research (MICHR), the conflict of interest committees (UMOR COI and MEDCOI); and
- Key executive and administrative offices, including the Provost's Office, the Executive Vice President for Medical Affairs, the Chancellors at Flint and Dearborn, and the General Counsel.

The purpose of the HRPP is to protect the rights and welfare of human subjects participating in biomedical and behavioral research conducted at U-M or elsewhere by University faculty, staff and trainees; promote compliance with relevant legal requirements and ethical standards at all levels; and support investigators in their research activities.

Generally, the Health Sciences and Behavioral Sciences IRB (IRB-HSBS) has oversight for human subject research conducted by the schools, colleges, and units of the University that comprise the Ann Arbor campus, but that are not part of the Medical School. IRBMED, on the other hand, oversees research conducted at the Medical School and the U-M Health System, while IRB-Dearborn and IRB-Flint oversee research at their respective campuses.

Possible Questions About HRPP Policies and Procedures

- Who is the institutional official responsible for research at U-M?
- What is the U-M HRPP?
- What is your role in the U-M HRPP?

Section 3: Ethical Conduct of Research and Federal Regulations

U-M fosters a research environment that promotes respect for the rights and welfare of individuals recruited for, or participating in, research conducted by or under the auspices of U-M. All members of the U-M community involved in human subject research are expected to comply with the highest standards of ethical and professional conduct in accordance with federal and state regulations and institutional and IRB policies governing research involving human subjects.

The review and conduct of research at U-M is guided by principles set forth in **the Belmont Report** and performed in accordance with Department of Health and Human Services (DHHS) regulations **(45 CFR 46 or the "Common Rule"**), and Food and Drug Administration (FDA) regulations (21 CFR 50, 21 CFR 56), as well as all other applicable federal, state, and local laws and regulations.

- **The Belmont Report** identifies and summarizes three main ethical principles that should govern research with human subjects:
  - Respect for persons (autonomy/voluntary participation/adequate information)
  - Beneficence (risks of research are reasonable in relation to the benefits the research may provide to subjects or science)
  - Justice (selection of subjects is equitable and is representative)
- **The Common Rule (45 CFR 46)** is the federal regulatory framework that governs federally funded research with human subjects and codifies the ethical principles of the Belmont Report. Under the Common Rule, research with human subjects is defined as follows:
  - *Research* – A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.
  - *Human subject* – A living individual about whom an investigator (whether professional or student) conducting research obtains: (1) data through interaction or intervention, or (2) identifiable private information.
- **21 CFR 50** and **21 CFR 56** serve as the regulatory framework for research regulated by the FDA (i.e., research involving drugs, devices, biologics). This set of regulations is derived from the Common Rule, but there are some **notable differences in their content**.

- Other federal and state laws and regulations that apply to research (i.e. **DoD**, **DOE**, **ED**, **EPA**).
- Institutional policies and procedures.

Possible Questions About the Ethical Conduct of Research and Federal Regulations

- What are the three fundamental ethical principles of the Belmont Report?
- When was the first time you heard of the Belmont Report?
- What is the Common Rule (45 CFR 46)?
- What is the Office for Human Research Protections (OHRP)?
- What types of research are regulated by the FDA?
- What is HIPAA and what is its relevance to human subjects research?
- Are there additional requirements for DoD-sponsored studies? DOE-sponsored research?

Section 4: IRB Review

IRBs must obtain sufficient information prior to review of applications for initial or continuing review so that it can apply and satisfy the requirements for approval of research (see **OM Part 3.III.C4.b** for the list of required information).

The IRB considers the following with respect to each application for initial, amendment, or continuing review:

1. Does the activity described in the IRB eResearch application meet the definition of research with human subjects as defined in the Common Rule?
2. Is the activity human research as defined in FDA regulations?
3. Is the University of Michigan engaged? Is the research exempt from IRB oversight?

These determinations are made consistent with the guidance provided at the **US Department of Health and Human Services Human Subject Regulations Decision Charts** and in consultation with IRB administrators or chairs, as appropriate. If the research:|

- Involves **activities or data subject to other rules or regulations** such as the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, the Health Information Technology for Economic and Clinical Health Act (HITECH) Security Rule, the Family Educational Rights and Privacy Act (FERPA) or rules of other federal agencies, the review ensures compliance with these other regulations or rules.
- Is **not regulated**, a designated IRB staff member may issue a "not regulated" determination through eResearch or the Principal Investigator may make a self- determination and receive documentation through a brief eResearch affirmation process. There is no regulatory requirement for IRB review of research that is not-regulated under the Common Rule.
- Is **exempt**, an IRB staff member ensures that the application indicates the request for an exempt determination or directs the PI to revise the application to do so.

IRBs ensure research is approved only when all of the requirements in **45 CFR 46.111** or **21 CFR 56.111** (for FDA-regulated research) are met. The criteria for IRB approval includes: (a) scientific merit and feasibility; (b) minimizing risk; (c)risk-benefit analysis; (d)equitable subject selection; (e)informed consent and parental permission; (f)data monitoring; (g) privacy and confidentiality; (h)vulnerable subjects; (i)test article accountability procedures; and (j)resources.

Because IRBMD reviews FDA-regulated clinical trials, they have additional requirements including: determining whether an IND or IDE is required; for device studies, making significant/non-significant risk determinations; emergency use notification and reporting procedures; procedures for reviewing protocols for anticipated additional use in emergency situations; waiver of informed consent for certain emergency research, if permitted by the IRB; adverse event reporting guidelines and procedures; communications, if any, with sponsors and IND and IDE holders; and test article accountability procedures.

Possible Questions About the IRB Review

- What is your process for reviewing a study? Do you utilize guidance or written checklists?
- What is the process for scientific review of research at U-M?
- Do you consider the scientific validity of studies that you review?
- What are the expedited and exempted categories? When are they used?
- What is the difference between exempt human subjects research and not-human-subjects research?
- What is continuing review?
- Do you know what is not part of IRB review? Can you give examples?
- Are IRB community members recognized as contributing board members?

Section 5: Minimizing Risks to Subjects and Protecting Subjects' Rights and Welfare

Minimizing risks to subjects and ensuring subjects' rights and welfare are key components of human subjects protections. Below are some strategies through which these goals can be accomplished.

- Design and implement protocols that comply with applicable regulatory and institutional policies, as well as the principles of the Belmont Report.
- Verify procedures are consistent with sound research design by ensuring that the research is reasonably expected to answer the proposed question and that the resulting knowledge is expected to be sufficiently important to justify the research.
- Ensure that recruitment procedures foster the equitable selection of subjects.
- Utilize procedures already being performed for diagnostic or treatment purposes, when possible.
- Ensure that appropriate resources are available to conduct the research
- Establish adequate provisions for monitoring subjects to identify adverse events and to review data collected to ensure subject safety, when appropriate.
- Develop plans for protecting subject privacy and the confidentiality of data. In human subjects research, these terms are defined as follows:
    - *Subject privacy* – Relates to an *individual's* having control over the extent, timing, and circumstances regarding the sharing of information about themselves with others.
    - *Confidentiality* – Relates to the protection of subject *data* that has been shared with the researcher with the expectation that it will be protected and not disclosed.
- Put in place additional protections for subjects vulnerable to coercion or undue influence (e.g., children, prisoners, pregnant women, mentally disabled persons, etc.).

For further guidance on study risk levels, refer to the **Guidelines for Using Magnitude of Harm in Categorizing Risk Level**.

Possible Questions About Minimizing Risks and Protecting Subjects' Rights and Welfare

- What is the difference between privacy and confidentiality?
- What additional mechanisms can be put in place to protect research subjects?
- What are the different possible levels of risk associated with a study? How is risk level assigned?
- Can sensitive information affect the risk level?
- What are your primary concerns when reviewing a protocol?

Section 6: Compliance with IRB and Other Review Unit Requirements

Research at U-M must be conducted in compliance with IRB, as well as other institutional and regulatory requirements. Below are some requirements that you should be aware of related to this responsibility.

- All research with human subjects must obtain IRB review and approval or a determination of exemption before work can begin.
- IRB disapproval decisions may be appealed to the IRB, but cannot be overruled by any other institutional official or organization.
- The requirements of the IRB (i.e., initial review, continuing review, amendments, and reporting of adverse events and unanticipated problems) must be met and research must be conducted as specified in the IRB-approved protocol.
- All proposed changes to the research, no matter how minor, must be approved by the IRB prior to implementation unless necessary to eliminate immediate hazard to subjects.
- Materials must be submitted to the IRB in a timely fashion (e.g., requests for changes, contingencies, continuing review applications, etc.).
- Unanticipated problems involving risks to subjects or others (UaPs or sometimes called UPIRSOs) and adverse events (AEs) must be reported to the IRB in a timely manner. These terms are defined as follows:
    - *Unanticipated Problem (UaP)* – An event that is not expected in terms of its nature, severity, or frequency and for which there is a reasonable possibility that the event may have been caused by or linked to the research. The event suggests that the research places subjects or others at *greater risk of harm* than previously known or recognized.
    - *Adverse Event* - Events that involve physiological, social, economic, or psychological harm to subjects. This can also indicate risks of harm to others. AEs include expected and unexpected harmful effects, and unexpected harms of an interaction or intervention.
- Potential noncompliance with laws, regulations, or IRB requirements by the research team or others must be reported, even if this noncompliance was unintentional or discovered during the course of quality assurance activities. Subjects being exposed to unnecessary risk may also be reported as potential noncompliance.
- Protocol deviations, subject complaints, or loss of research data must be reported to the IRB via an Other Reportable Information or Occurrence (ORIO) report.

Possible Questions About Compliance with IRB and Other Review Unit Requirements

- What is the process for continuing review?
- What is the difference between an AE and a UaP/UPIRSO?
- What is noncompliance? When is it considered serious and/or continuing?
- What is the difference between noncompliance and an adverse event?

Section 7: Obtaining and Documenting Informed Consent

Informed consent is the voluntary choice of an individual to participate in research based on a complete and accurate understanding of the study. Informed consent is not a single event or document but rather an ongoing process involving the investigator (or designees) and the research participant.
Informed consent requires full disclosure of the nature of the research and the participant's role in that research, understanding of that role by the potential participant, and the participant's voluntary choice to join the study.

- Investigators are responsible for obtaining and documenting informed consent before the research begins unless the IRB waives this requirement.
- Informed consent must be conveyed in language that is understandable to participants or their legally authorized representative.
- Consent must be sought under circumstances that minimize potential for coercion or undue influence.
- Time for questioning between the initial request for participation and the final decision as recorded in the consent document should be allowed.
- It must be made clear to subjects that their participation is voluntary and that they may withdraw at any time with no penalty.
- Consent is documented by use of a consent form approved by the IRB unless a waiver of informed consent or a waiver of documentation of informed consent is granted.
- The Common Rule (45 CFR 46.116 (a)) outlines the **required elements of informed consent**:
    - A statement that the study involves **research**;
    - Information on the **purpose** of the research;
    - The expected **duration** of subject participation;
    - A description of the **procedures** (identification of experimental procedures);
    - A description of reasonably foreseeable **risks** or harms;
    - A description of any **benefits** to subjects or others;
    - Disclosure of appropriate **alternative treatments/procedures**, if the research involves clinical treatment;
    - A description of how the **confidentiality** of records will be maintained;
    - A description of procedures related to **compensation for injury,** if the research is more than minimal risk;
    - **Contact information** for the PI and IRB; and
    - A statement that participation is **voluntary** and that the subject may **withdraw** at any time with no penalty or loss of benefits.
- The participant (or their legally authorized representative) must be provided with a copy of the consent document at the time of consent unless this requirement is waived by the IRB.

- Investigators are responsible for retaining signed consent documents for at least three years after completion of the research (seven years if protected health information will be used or disclosed in connection with the study) or longer if required by the institution or research sponsor.

In some cases, an IRB may waive the requirement to obtain consent form or waive the requirement for documentation of informed consent. To review informed consent waivers, alterations, exceptions, and substitutions refer to the section on **waivers in Part 3 of the OM**.

Possible Questions About Informed Consent

- What are the required elements of informed consent?
- How can a subject obtain information about human subjects protections at U-M?
- When reviewing a consent form, what do you look for?
- What does the consent process entail?
- What is the difference between a waiver of consent and a waiver of documentation of consent?

Section 8: Conflict of Interest Disclosure

A **potential conflict of interest (COI)** exists whenever personal, professional, commercial, or financial interests or activities outside of the university have the possibility (either in actuality or in appearance) of (1) compromising a faculty or staff member's judgment; (2) biasing the nature or direction of scholarly research; (3) influencing a faculty or staff member's decision or behavior with respect to teaching and student affairs, appointments and promotions, uses of University resources, interactions with human subjects, or other matters of interest to the University; or (4) resulting in a personal or family member's gain or advancement at the expense of the University. Family members include spouse, domestic partners and dependents. With respect to research, COIs must be managed to ensure they do not improperly affect, or give the appearance of affecting, the conduct of the research.

Potential financial COIs are identified through annual disclosure requirements and questions in the eResearch IRB and proposal management systems, and are reviewed by the **UMOR COI** or Medical School COI **(MEDCOI)** Committees.

The Standard Practice Guide **(SPG) 201.65-1** represents the overarching university policy on conflicts of interest and conflict of commitment. In addition, the University established operational policies to guide employees in disclosing and managing outside conflicts of interest and commitment and to ensure that clinical trials conducted at U-M are conducted without untoward influence resulting from the University's equity holdings in any start-up company supporting the clinical trials. Please take some time to review the full policies, using the links below (or find them on the COI website):

- **Policy for Identification and Management of Financial Conflicts of Interest**
- **Policy on Institutional Conflict of Interest in Clinical Trials of Drugs, Devices, or Biologics Supported by University Start-up Companies**

Possible Questions About Conflict of Interest Disclosure

- What is a conflict of interest?
- How does U-M assess and manage conflicts of interest?
- What should be disclosed to subjects regarding a financial conflict of interest?
- Does the IRB view and approve COI management plans for human research?
- What do you do if you have a conflict of interest related to a protocol you are reviewing?

Section 9: Accountability and Additional Administrative Requirements

Principal investigators must perform or delegate to qualified research staff all necessary tasks to carry out research, including specifically, obtaining IRB approval before research begins; securing informed consent of participants prior to study enrollment; conducting continuing review in a timely manner; informing the IRB of any disapprovals, suspensions or terminations by other review units; and the creation and maintenance of accurate records. The PI is ultimately responsible for proper conduct of the study and fulfillment of related obligations.

Researchers may contact the Institutional Official (**Jack Hu, VPR**), the Deputy Institutional Official (**James Ashton-Miller, Associate VPR**), the HRPP Director (**Lois Brako, Assistant VPR**) or **Office of General Counsel** to obtain answers to questions, express concerns, or share suggestions regarding the HRPP. An anonymous **compliance hotline** is also available for reporting concerns at: **compliancehotline@umich.edu**.

Possible Questions About Accountability and Additional Administrative Requirements

- Do you think you have access to adequate resources to perform your duties related to human research subjects?
- What sort of support do you receive from U-M's administration?
- To whom do you go for help on issues, be they regulatory or ethical?
- How is communication facilitated throughout the HRPP? Is this an effective system?
- Is the IRB workload reasonable?
- Describe your annual evaluation process.

Section 10: Education

The Program for the Education and Evaluation in Responsible Research and Scholarship (PEERRS) is a web-based curriculum that serves as the minimum level of human subjects protection education required for all investigators and key personnel involved in conducting research with human subjects at U-M. Please take a moment to visit the **PEERRS website** and verify your certification status for the required PEERRS courses for your role.

IRB chairs, members, and staff are trained through a detailed orientation procedure to provide them with the knowledge and skills to effectively discharge their duties and uphold the federal and local laws, University policies, and ethical standards related to human subjects research. Continuing education for new and existing IRB staff and members is also required and is provided in the form of workshops, presentations, national webinars, and printed and electronic materials that are shared on an ongoing basis. IRB members and staff are also kept informed of opportunities for continuing education and encouraged to attend. Details of the initial orientation procedure, continuing education requirements, and evaluations of IRB Chairs, members, and staff are described in the IRB SOPs.

IRB-HSBS and IRBMED also offer in-person educational seminars and consultations for researchers, students, and staff, host courses, and distribute newsletters and educational materials in order to keep the research community apprised of developments related to human subjects research regulation. Online educational resources are **available on the HRPP and IRB websites**.

Possible Questions About Education

- Describe the training you've had to be qualified to review human subjects projects.
- What sort of continuing education do you receive related to research ethics and human subjects research?
- What ongoing professional meetings/trainings are offered or have you attended?
- How do university officials keep you informed of new developments in human subjects regulations?

Remember! Protecting research participants is a shared responsibility.
HRPP staff are available to answer your questions and to help you have a successful interview.
If you have any questions, don't hesitate to contact us at: **aahrppvisit@umich.edu**.

Section 11: Additional Resources

- **U-M AAHRPP Re-Accreditation Webpage**
  http://research-compliance.umich.edu/human-subjects/aahrpp-re-accreditation
- **U-M HRPP Webpage (includes links to IRB websites)**
  http://research-compliance.umich.edu/human-subjects
- **U-M HRPP Operations Manual**
  http://research-compliance.umich.edu/operations-manual-contents-page
- **PEERRS**
  http://my.research.umich.edu/peerrs
- **AAHRPP**
  http://www.aahrpp.org/
- **Office of Human Research Protections**
  http://www.hhs.gov/ohrp/