Chapter	VPR Policy	Effective:	September 1, 2015
Section	Quality Program	Revised:	November 18, 2016
Policy	**Study Reviews for Human Research**	Responsibility:	Vice President for Research

STUDY REVIEWS FOR HUMAN RESEARCH

PURPOSE

To establish a standard operating procedure for the Office of Regulatory Affairs and Compliance (ORAC), Human Research Compliance Program. The ORAC Human Research Compliance program will provide a review of Institutional Review Board (IRB)-approved research conducted by UT Health Science Center at San Antonio researchers. The goal is to achieve and maintain compliance with organizational policies and applicable laws, regulations, codes and guidance. Through periodic compliance reviews and other quality improvement activities, the ORAC Human Research Compliance program will evaluate and make recommended improvements to increase compliance, when necessary.

BACKGROUND

The Handbook of Operating Procedures, HOP Chapter 7, authorizes the Office of Regulatory Affairs and Compliance to develop and implement a research review program to evaluate the functioning of the Human Research Protections Program (HRPP) and safeguards in place to protect human research subjects in institutional research. This policy provides details on the ORAC human research review program and how it is integrated with the greater HRPP.

In addition, ORAC reviews other aspects of human research such as good clinical practice, research billing, participant payments, conflict of interest and IRB and institutional operations according to applicable regulations and accreditation standards.

REVIEW PROCEDURES

A. In general, there are three triggers that initiate an ORAC human research review:
   1. For-cause reviews are conducted at the request of the IRB or an official of the institution (e.g., IRB Director, VPR/IO) or as a follow-up to a previous review where critical and/or major issues were identified
   2. Regularly scheduled review of high-risk studies
   3. Voluntary review at the request of the Principal Investigator

B. Regularly scheduled reviews are selected from active IRB protocols on a quarterly basis. The ORAC staff randomly selects approximately 20 to 30 studies from the list and uses the *Research Risk Assessment Instrument (RRAI)* to rank those studies according to predefined risk criteria. The RRAI was developed and adopted by ORAC, UHS Research Office and acknowledged by the CTRC Quality Assurance. The number of studies selected for regularly scheduled review will depend on the availability of ORAC reviewers and demands for other

types of reviews (i.e., FDA, for-cause, and voluntary). The goal is to perform at least 10 reviews per quarter.

Once the quarterly list of studies for regularly scheduled reviews is defined, the ORAC staff will develop a master list of projects to be reviewed for the up-coming quarter.

1. The Principal Investigators (PIs) for those studies selected for review will be notified approximately one month prior to the start of the quarter. PI's will be given three business days after the entrance notice is sent to respond and confirm the dates. If the PI does not respond after the third business day, the Assistant Vice President for Research Administration (AVPRA) will be notified.
2. The quarterly schedule along with IRB number and PI name will be documented in the REDCap calendar. All meeting invitations will be sent by ORAC using Outlook.

C. For cause and voluntary/PI requested reviews will be scheduled by the ORAC staff, taking into account the already scheduled reviews.
   1. The official requesting a for-cause review should advise the ORAC staff on the scope and urgency of the review.
   2. ORAC staff will follow the same procedures for notifying PIs and documenting reviews in REDCap listed above.

D. The Research Compliance Checklist 2.1 (RCC) was developed and adopted by ORAC, UHS Research Office and CTRC Quality Assurance. It provides a common investigator and institutional review tool with agreed upon objectives, elements and measures.

   In general, the scope of regularly scheduled reviews includes the following sections of the RCC that focus on investigator responsibilities:

      1. IRB Documentation
      2. Institutional Issues
      3. FD Regulatory Documents
      4. Test Article Storage and Physical Space
      5. Subject Files

Entities utilizing the RCC will promptly contact the Director of Research Protection Programs (DRPP) or AVPRA if any critical issues are discovered during a review.

In addition, the ORAC reviews will include special situations and institutional responsibilities on a regular basis. Of the reviews conducted in a quarter, the goal is that at least two are reviewed for these additional elements, including:

1. Section 6 Billing and Participant Payments
2. Section 7, FDA Sponsor Investigator
3. Institutional Offices: IRB, Office of Clinical Research (OCR), Office of Sponsored Projects (OSP), Clinical Trials Office (CTO), or Conflict of Interest (COI)

E. An entrance meeting will be conducted at the start of all reviews. In addition to the PI (who is required to attend), other key research team members should attend at the discretion of the PI. If the PI will not be available for the duration of the review, another member of the study team should be designated and attend the entrance meeting.
   1. An official notice from ORAC will be sent to the PI, Research Coordinator, and any applicable UT Health San Antonio affiliated institutions.
   2. An Entrance Meeting questionnaire will be provided as well as the link to the OCR Study Documentation Standards Policy to help prepare for the review. The Entrance Meeting Questionnaire is to be emailed or provided no later than the date of the entrance meeting. A request for additional study specific documents is included in the Entrance Memo.
   3. The ORAC staff will review the details and scope of the study review during the entrance meeting.
   4. Changes to the initially agreed upon review dates must be approved by the Chief Compliance Officer or designee..

F. Upon commencement of a study review, the PI or the study staff are expected to provide the following:
   1. All Research files to include:
      a. All regulatory documents
         1) Delegation of Authority/Site Signature Log
         2) Study Staff protocol specific training records
         3) Screening and Enrollment Logs
         4) Study Drug or Device Accountability Logs (as applicable)
            i. Patient Drug/Device Accountability log (as applicable)
         5) Lab logs (as applicable)
         6) Blank copy of all study Case Report Forms (CRFs), data collection, or study worksheets
         7) IRB approved documents and correspondence

b. All Patient Source documents
    1) Consent documents and HIPAA authorization for all consented subjects (as applicable)
    2) Completed patient source documents, Case Report Forms (CRFs), data collection instruments, study worksheets
c. Standard operating procedures, checklists or guidance documents used by research team
d. Study Financial File
e. Other documents/files supporting the conduct of the study.

2. A private work area for the ORAC staff to conduct the review
    a. with Wi-Fi connection, if possible
    b. access to a copier

G. During the course of a review (approximately 2-3 business days), the ORAC staff will evaluate relevant regulatory and participant files (examples are listed above). Study staff will provide photocopies of specified documents as necessary for documenting the review.
1. The ORAC staff will ensure that the PI or study staff are regularly informed of the progress of the review and whether there are missing documents still pending review.
2. The ORAC staff will promptly contact the DRPP or AVPRA if any critical issues are discovered during the review.
3. The ORAC staff will informally debrief the PI or study staff at the final day of the on-site study review. The PI will be given five business days to provide any documentation still missing at the conclusion of the review. Otherwise the issue will be noted as a finding.

H. An exit meeting will be conducted approximately 2-3 weeks after completing the review. In addition to the PI (who is required to attend), other key research team members should attend at the discretion of the PI. ORAC will send a reminder to re-confirm the previously agreed upon exit meeting. In addition to the PI and key study staff, courtesy copies will be sent to the AVPRA, DRPP, CTO, HSC affiliates, when applicable.
1. Requests to reschedule the exit meeting will be reviewed and approved by ORAC.
2. At least five business days before the scheduled exit meeting, the ORAC staff will provide a draft version of the Investigator Study Review Report to those attending the meeting.

I. During the exit meeting the ORAC staff will summarize the

observations (including best practices and deficiencies) and any suggested corrective actions.

1. The exit meeting is an opportunity for everyone attending to discuss the observations, clarify the applicable policy, and validate or correct the findings on the draft report.
2. The regulatory officials will make final determinations on actions needed regarding issues, when applicable.
3. Recommendations for corrective actions may be discussed by the group to identify the appropriate responsible party and the feasibility of the recommendation. The final corrective action plan and responsible party will be decided on in the following phase (below).
4. Any agreed upon changes during the exit meeting will be finalized by ORAC in the Investigator Study Review Report.

J. The Research Compliance Manager reviews the final Study Review report and adds comments as appropriate. The approved Investigator Study Review report is then sent to the PI, Chief Compliance Officer, AVPRA, DRPP, and the Department Chair.

K. Any study review reports created from the above quality improvement activities are confidential and should not be shared with external parties without permission of the Chief Compliance Officer. The study review reports should be maintained separately from the Investigator's Site Files.

FOLLOW-UP PROCEDURES

L. The AVPRA and DRPP are responsible for managing the follow-up of issues identified in the final Investigator Study Review report.

M. Upon receipt of the final Investigator Study Review report, the DRPP will assess the issues, determine the responsible party(ies), and develop a comprehensive approach. In general, the follow-up of issues will involve: 1) the PI, 2) other institutional offices/officials, and/or 3) institutions affiliated with UT Health San Antonio.

N. **Follow-up for the PI**:

1. The DRPP will send a memorandum to the PI outlining any significant findings affecting human subjects protections noted on the ORAC report and the required actions.
    a. If necessary, the DRPP memorandum may be copied to appropriate institutional officials (e.g. Department Chairs, Chief Compliance Officer, IRB Chairs) asking

for additional input into the issue and corrective actions within 30 days.

b. For findings that appear to indicate possible noncompliance with research regulations and/or IRB policies or a possible Unanticipated Problem Involving Risks to Subjects and Others (UPIRSO), the PI is instructed to submit a Prompt Report form to the OIRB within 5 business days.

1. The applicable IRB policy for review of noncompliance or UPIRSOs will be followed.

2. For all other findings (not affecting human subjects protections), the AVPRA and/or DRPP will send a memorandum to the PI outlining the findings and the required actions.
3. The PI will provide a written response to the DRPP and/or AVPRA that includes a corrective action plan including milestones and deadlines.
4. The DRPP and/or AVPRA will establish a due date for the response depending on the complexity and severity of the issue(s).
5. If the PI disagrees with the findings of the review, he/she must provide an explanation in writing to the appropriate office/official within 5 business days.
6. If the PI fails to respond in a timely manner the issue may be elevated to the AVPRA or VPR/IO as needed.
7. Once the PI has addressed the observations outlined, the reconciliation will be documented in the RCC.

O. **Follow-up for other UTHSCSA offices or officials**:

1. The DRPP will notify the appropriate HSC offices/officials of any action plans required for observations in the final report.
2. The responsible parties for each office will update the Research Compliance Checklist Instrument when outstanding issues are updated and resolved.

a. The AVPRA will establish a due date for the response depending on the complexity and severity of the issue(s).

P. **Follow-up for affiliated institutions**:

1. The DRPP will notify the appropriate affiliate offices/officials via email of any observations in the final report that appear to fall under the authority of the affiliate.
2. It is up to the affiliate to address the issue – UT Health San Antonio does not track the issue after notification.