TITLE: Institutional Review Board Responsibilities of Investigators
RI 801 IRB Required Investigator Actions and Responsibilities

ORIGINATOR: Institutional Review Board Chairperson

APPROVAL: Institutional Review Board Chairperson

POLICY STATEMENT: The purpose of this policy is to outline the responsibilities of the principal investigator (PI) and key personnel who are engaged in research involving human participants.

Principal investigators are obligated to design and conduct human participant research in accordance with the policies of the IRB, institutional policies, the ethical principles of the Belmont Report, federal and state law and regulations. Failure to comply with this policy on the part of the principal investigator may result in study closure.

GENERAL PROVISIONS:
The principal investigator of a study is the individual responsible by federal regulations for the implementation and conduct of research. The principal investigator bears direct responsibility for ensuring the protection of every research participant. This responsibility starts with protocol design, which must minimize risks to participants while maximizing research benefits. In addition, the Principal Investigator must ensure that all members of the research team always comply with the findings, determinations, and requirements of the IRB, the sponsor, the Institution, the sponsor and federal and state laws and regulations. In situations where research is being conducted outside the United States, the principal investigator will have primary responsibility for seeking and receiving approvals from local IRB or other review bodies as may be required by those partners involved in the study.

Principal Investigators are responsible for ensuring that:
1) Any human subjects research that they conduct as employees or agents of Mercy Health has received initial prospective review and approval by the Mercy Health Regional IRB or a Central IRB contracted by the Mercy Health Regional IRB;
2) Continuing review and approval of the research has been accomplished within the time frame stipulated by the IRB;
3) The research is conducted at all times in compliance with all applicable regulatory requirements (Belmont Report, IRB Policies, institutional policies, sponsor specific requirements, federal and state laws and regulations) of all cognizant jurisdictions and the determinations of the IRB.
4) Conduct of the research is in compliance with the IRB approved research protocol and in accordance with the principles of the Belmont Report.
5) Oversight is provided for all sub-investigators and key research personnel under their supervision.
6) The adequacy of the content of the informed consent document if one is to be used (or a waiver of informed consent has been approved).
7) The proper process for enrolling a patient into a research study has occurred. (i.e. the study has been discussed at length with a patient, a study specific informed consent has been provided to the patient with time for their review and consideration and has been reviewed page by page discussing all content with the participant, the informed consent document has been fully signed and the informed consent process has been documented in an enrollment note for each participant enrolled in the research prior to any study activity taking place or a waiver of informed consent has been approved by the Institutional Review Board).
8) All study required visits are completed within the study specific assigned window/timeframe.
9) All data entered/collected in hard copy or entered into an electronic data base is accurate and complete.
10) All study specific training is completed and documentation of such is kept in the regulatory binder.
11) A regulatory binder is kept for the life of the study and a long term storage plan with quick access to the records is defined.
Institutional Policy & Procedure

No changes in approved research may be initiated without prior IRB approval, except where necessary to eliminate apparent immediate hazards to participants; and no research may be continued beyond the IRB-designated approval period.

**Time and Effort**

When a person commits to serving as a principal investigator or sub-investigator on a study, they must do so with approval of their immediate supervisor. The responsibilities for research require considerable time and effort to ensure a study is conducted according to all contractual and regulatory requirements. Time and effort is calculated using Federal Guidelines (OMB Circular A-87) for both federal and non-federally funded research. It is the responsibility of the Principal Investigator to be familiar with this guidance.

Research activities to include for consideration when documenting time and effort are administrative work, oversight, data entry, quality assurance monitoring, adverse event review, serious adverse event occurrences, unanticipated problems, required training, required regulatory documentation and sponsor requirements for each study in all roles served. The principal investigator and their leadership must be aware that all of the research work is separate and distinct from clinical responsibilities or other clinical contractual obligations. Principal investigators on sponsored clinical trials must have adequate time to perform research functions as required for protocol compliance. Research activities may NOT be conducted during normal clinic visits; the principal investigator is responsible for ensuring research visits are separate from clinic visits at all times. The principal investigator is held responsible for the full conduct of research as outlined in federal regulations. The principal investigator is fully responsible for knowing the study protocol, operations and requirements of the study and lead the study team throughout the duration of the study.

**Training and Education**

Principal investigators and key personnel engaged in research involving human participants must complete initial and continuing education for both the institution and the sponsor regarding human subjects protection, conflict of interest and the responsible conduct and oversight of research activities conducted at Mercy Health.

**Contractual Obligations**

Investigators must ensure they follow all contractual obligations set forth by both the organizations holding the research contract. Prior to agreeing to serve as an investigator on any study, the potential investigator must ensure they are allowed research time within their contract for employment with Mercy Health. The potential investigator must also ensure they are able to meet the obligations set forth in the study sponsor's contract related to the time and effort that must be put forth in order to accomplish each study task within the contractual timelines and at the level of the sponsor's expectations.

**Resources and Equipment**

Investigators must review each study prior to making the decision to be part of the study as an investigator, to determine what resources (i.e. staff, equipment, documentation) are needed to conduct the study and if the resources are available at the site where the research would be conducted. A principal investigator should not commit to conducting a study without knowing fully that they have the resources and equipment to accomplish the tasks set forth in the study protocol. Investigators will work with the Office of Research and Innovation to determine staffing, resource and equipment needs.

**Institutional Policies and Expectations**

The protection of human participants requires objectivity in communicating risks, selecting participants, promoting informed consent, and gathering, analyzing and reporting data. Therefore, the IRB will consider conflict of interest issues in its deliberations of applications.

All Investigators must reveal within their initial application to the IRB whether they or any other person responsible for the design, conduct, or reporting of the research has an economic interest in, or acts as an officer or a director of any outside entity whose financial interests would reasonably appear to be affected by the research. It is the Investigator’s obligation to report such conflicts. Investigators, at all times, must avoid coercion in the consenting process.

**Payment for Services**

Investigators must recognize that payment for a research service is separate and distinct from payment for a standard of care and/or clinical service. Investigators are not allowed to bill a patient for research specific services. Study funding must be managed by the Mercy Health Office of Research & Innovation. Investigators must record study specific time and effort in order to be reimbursed for study specific activities. Study specific time and effort must be recorded individually for each individual study using the Research Time and Effort tool provided by the Mercy Health Office of Research & Innovation. Investigators will only be reimbursed for the time and effort that has been recorded. The rate of reimbursement will be at the amount designated and agreed upon in the study clinical trial agreement budget and paid at the Medicare rate. Investigators must recognize that reimbursement for research services may be at a level that is less than what they may typically receive for a standard of care service.
Use of Research Specific Data for Standard of Care Purposes
Investigators are responsible for proper handling of research data. Investigators must educate their team members of the expectations of the use and storage of study data. For industry sponsored clinical trials, neither the investigators nor Mercy Health own the data being collected for study purposes. The data is owned by the study sponsor. In these cases, data collected specifically for study purposes may not be used for standard of care treatment purposes without obtaining written permission from the study sponsor. The data is being collected for research use only and is for the sponsors use only. The data is to be collected and provided to the sponsor in the manner contractually agreed upon and as outlined in the study protocol/clinical trial agreement and stored accordingly. In most clinical trial agreements, this is not an option. The study specific test results are to be stored in the study specific participant binder. Study specific test results may not be placed in a medical record and used for treatment purposes.

Record Keeping Requirements
The Principal Investigator must maintain appropriate research-related records. All research records must be available for inspection by authorized representatives of federal regulatory agencies, the sponsor, Mercy Health, and the IRB.

The principal investigator must maintain, as appropriate:

- A list of qualified persons to whom the Principal Investigator has delegated significant research-related duties.
- Signed and dated consent forms
- Signed and dated HIPAA Authorization forms (if not included in the informed consent document)
- All documents submitted to the IRB with evidence of approval (i.e. protocol, informed consent, waiver requests, applications, modifications, recruitment materials, advertisements, serious adverse events, unanticipated problems)
- All data collection forms
- All adequate records of the disposition of the drug or device
- Participant enrollment log
- Signed and dated CVs for the Principal Investigator, Sub-Investigators and Key Research Personnel
- Signature sheet (Delegation of Authority Log) documenting signatures and initials of all persons authorized to complete study specific activities
- Monitoring reports to document findings of monitoring the study by the sponsor
- Data and Safety Monitoring Board Reports

The principal investigator is required to notify the IRB in writing, in a timely fashion, of ALL of the following:

- Deaths
- Protocol deviations
- Change to the protocol made without prior IRB review to eliminate an apparent immediate hazard to participant
- Protocol Violations
- Changes in approved research procedures or protocol (modifications)
- Allegation or finding of noncompliance with conducting of research protocols.
- Restrictions, suspension, or termination of study by the sponsor or principal investigator.
- Any activity which involves a potential or actual unexpected risk to subjects or others.
- Any harm experienced by a participant which, in the opinion of the investigator, is both unexpected and more likely than not caused by the research procedures.
- Complaint of a participant when the complaint indicates unexpected risks or cannot be resolved by the research team.
- Information that indicates a change to the risks or potential benefits of the research.
- Breach of confidentiality
- Incarceration of a participant in a protocol not approved to enroll prisoners
- Any other problem that the investigator considers to be unanticipated, and indicates that participants or others are at increased risk of harm

Principal Investigators must follow set procedures to submit protocols to the IRB along with the necessary forms and paperwork.

Investigators' Assurances
It is the responsibility of each PI to formally “assure” the IRB that it will comply with regulations governing the protection of human participants (Investigator's Assurance). The assurance is included as part of the IRB Application.
Communicating Findings to Sponsors and Participants

It is the moral obligation of investigators to share the findings of their research with participants and sponsors. Investigators shall make the following types of information available to participants:

- **Unexpected findings related to individuals** – Whenever research uncovers an otherwise unknown, but potentially harmful, condition in relation to a participant whose identity is known to the investigator, that individual shall be provided with information concerning the condition in a timely manner.

- **Findings indicating the presence of an unexpected harm associated with an intervention** – Whenever research indicates the probability that an intervention increases risk to participants, the finding shall be reported by the investigator to the institution as an unanticipated problem. All unanticipated problems shall be considered and acted on in accordance with the IRB SOP RR405. If the unanticipated problem occurs in a multi-site study, all sites shall be informed of the occurrence. All unanticipated problems shall be reported to the cognizant agency in accordance with Mercy Health's FWA and to any sponsor of the research. The IRB shall consider risks to the study cohorts and shall provide appropriate information to participants in order for them to make an informed decision about continuing in the study.

- **Findings related to study cohorts** – Whenever research indicates that an intervention has a measurable impact on risks to participants, whether positive or negative, the investigator shall inform research participants of those impacts as soon as it is feasible within the framework of the study. The duty to inform under this procedure may be fulfilled by providing information to study participants through correspondence or on a study website, so long as the participants have agreed to receiving information by these means. Communication of findings may be by Mercy Health or by the sponsor.

- **Findings related to a broader population** – Whenever research culminates in significant findings, whether the findings confirm or are contrary to the hypothesis or research objectives of the study, it is the duty of the investigator to make those findings available to the sponsor and to the public. It is the policy of Mercy Health to make best efforts to publish and otherwise make research results available to the public. An investigator shall not withhold findings from the public, except to allow for intellectual property protection under the Institutional Policy titled, "Intellectual Property".

Other Members of the Research Team

Every member of the research team is responsible for protecting human participants, sub-investigators, study coordinators, nurses, research assistants, students, and all other research staff have a strict obligation to comply with all IRB determinations and procedures, adhere rigorously to all protocol requirements, inform Principal Investigators of all adverse participant reactions or unanticipated problems, ensure the adequacy of the informed consent process, and take necessary measures to ensure adequate protection for participants.

Investigators at every level are responsible for notifying the IRB promptly of any serious or continuing non-compliance with applicable regulatory requirements, or determinations of the IRB, of which they become aware, whether or not they themselves are involved in the research.

Processing Participant Complaints and Requests for Information

All study personnel shall be adequately trained to be able to refer participant complaints and requests for information in an efficient and timely manner. Training shall include the ability to identify when an unanticipated problem may have occurred, when problems that were anticipated may have occurred, and whether a disposition can be achieved with the IRB or at an institutional level. The following guidelines shall be applied:

1) For requests for information concerning study outcomes- PI
2) For requests for information concerning the participant’s health- PI
3) For complaints about study personnel other than PI- PI
4) For complaints about the PI- IRB
5) For complaints about research related harm- PI and IRB
6) For complaints about coercion or undue influence- IRB
7) For requests for information pertaining to HIPAA regulations-Privacy Officer
8) For complaints or notification of regulatory non-compliance- IRB

The staff member receiving a request or complaint shall refer it immediately to the PI or other group as indicated in guidelines 1-8 above. If the PI is informed of a request or complaint, it shall be his/her responsibility to either determine, based on the guidelines, that he/she is authorized to reach a final disposition of the matter, or that the request or complaint must be referred to others as outlined above.

When communicating a problem to the IRB, the contact point shall be the IRB Manager.

All unanticipated problems must be reported to the IRB within timeframes indicated in IRB policy RR 405.
Institutional Policy & Procedure

A report on the disposition of every complaint that is referred to the IRB or institution shall be generated, copied to the Institutional Official (IO) and other administrators as appropriate and placed in the protocol file for the duration of the retention period.

Evaluation of Risks and Benefits

Investigators shall consider risks and benefits to participants when designing the study. Through the Initial Application Form the investigator shall demonstrate to the IRB that risks have been minimized; that alternative research methods, if any, have been assessed; that procedures already being performed on the participants could not yield the data necessary to the study; and that risks are reasonable in relation to benefits. This evaluation shall include consideration of additional safeguards required by 45 CFR 46, subparts B, C and D for identified vulnerable populations, and additional safeguards that may be reasonable for other populations that are adjudged by the IRB to be vulnerable.

REFERENCE:
21 CFR 56.109, 56.111
21 CFR 54
45 CFR 46.109, 46.111
45 CFR 164.512(i) of the HIPAA Patient Privacy Rule
45 CFR 46 Common Rule

Department of Health and Human Services: 53256 Federal Register / Vol. 76, No. 165 / Thursday, August 25, 2011 / Rules and Regulations/ Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors

Mercy Health Policy 10/168 Intellectual Property

Federal Guidelines (OMB Circular A-87)

ATTACHMENTS:
RI 801-A Investigator Assurance

PROCEDURE:

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<tr>
<th>Responsibility</th>
<th>Action</th>
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<tr>
<td>Investigator</td>
<td>1. Sign the investigator assurance at time of study submission acknowledging primary responsibility for compliance with IRB Policies, institutional policies, applicable federal, state, &amp; local laws and regulations, ethical guidelines and other policies and principles as described in the above document while conducting research at Mercy Health.</td>
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<tr>
<td>IRB Specialist /IRB Coordinator</td>
<td>1. Ensure each investigator has signed the investigator assurance prior to moving a study forward in the IRB review process.</td>
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<tr>
<td>IRB Coordinator/IRB Manager</td>
<td>1. Track investigator compliance with IRB requirements stipulated during the IRB’s review of the Investigator’s research, and for engaging appropriate Investigator sanctions when Investigators are not in compliance with IRB requirements.</td>
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Institutional Policy & Procedure

IRB Committee

1. Review items that have been submitted for IRB and ensure the Investigator continues to conduct research responsibly and in a manner consistent with institutional policies, applicable federal, state, & local laws and regulations, ethical guidelines and other policies and principles as described in the above document.

IRB Chairperson or designee

1. Facilitate Investigator compliance with IRB requirements through management of IRB deliberations.
2. Provide Investigators clear guidelines pertaining to compliance through IRB communications to the Investigator.