

Routine Post-IRB Approval Monitoring	Effective Date	05.01.2010
	Revisions Date	02.27.2023

- 1.0 Purpose:** In accordance with federal regulations, the UMCIRB has the authority to observe or authorize a third party to observe the consent process and the research. This authority allows protection of the rights and welfare of humans participating in research activities. This standard operating procedure (SOP) establishes guidelines for routine monitoring by the Post-IRB Approval Monitoring Program (PAM) at East Carolina University (ECU). The PAM Program functions independently of the University and Medical Center Institutional Review Board (UMCIRB). The aim of the Program is to ensure maximum protection of human participants involved in research activities and promotion of best practices in the conduct of human research. This aim will be achieved through post-IRB approval monitoring of studies and UMCIRB activities as well as education of investigators, research staff and the research community.
- 2.0 Human Research Affected:**
- 2.1 Research reviewed and approved by the UMCIRB (both single site and multi-center).
 - 2.2 Research conducted at ECU or an ECU affiliate and reviewed and approved by an external IRB.
- 3.0 SOP:** To ensure the UMCIRB and ECU are meeting their obligations to protect human research participants the PAM program will:
- 3.1 Evaluate whether investigators conduct studies as approved by the IRB;
 - 3.2 Evaluate whether the IRB adequately addressed applicable ethical and compliance issues; and
 - 3.3 Identify and implement educational and training opportunities based on findings.
- 4.0 Definitions:**
- 4.1 Monitoring: As defined by Good Clinical Practice (GCP) guidelines monitoring is the act of overseeing the progress of a clinical trial, and ensuring that it is conducted, recorded, and reported in accordance with the protocol, Standard Operating Procedures, Good Clinical Practice, and the applicable regulatory requirement(s). For the purposes of this SOP this definition of monitoring may also be applied to other human subject research as well as clinical trials.
 - 4.2 Good Clinical Practice: A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected. GCP guidelines are often cited as best practices and may also be applied to human subject research other than clinical trials.
 - 4.3 Post-IRB Approval Monitoring: Overseeing the progress of a clinical trial or other human subject research after it has been approved by the IRB.
 - 4.4 Routine Post-IRB Approval Monitoring: Monitoring of human subject research selected without bias based on specific, objective criteria including but not limited to those studies which are federally funded, internally funded, investigator-initiated greater than minimal risk, where ECU is relying on an external IRB for review and approval, or where the principal investigator is new or inexperienced. Routine monitoring may also be requested by the Principal Investigator (PI) and/or study team.
 - 4.5 Focused Monitoring: Review of an IRB approved study where the monitoring focuses only on one aspect of the study; for example, review of only the consent documents and process, review of only inclusion/exclusion criteria, etc.
 - 4.6 Source Documents: Original documents, data, and records related to human subject research (e.g.

hospital records, office charts, laboratory notes, subject diaries, evaluation checklists, completed subject surveys, interview notes, pharmacy dispensing records, etc.)

5.0 Responsibilities:

- 5.1 The Principal Investigator is ultimately responsible for the overall conduct of the research, appropriate delegation of roles, responsibilities and tasks, as well as compliance with applicable laws and policies. In addition, the PI is responsible for fully cooperating with PAM personnel as well as providing, in writing, plans for corrective action if required.
- 5.2 Key Study Personnel (sub-investigators, study coordinators, faculty mentors, other study team members) involved in supervising, managing, or conducting study-related activities are responsible for following the protocol and any SOPs as well as executing tasks as delegated in compliance with regulatory requirements and institutional policies.
- 5.3 Post IRB-Approval Monitoring Director is responsible for coordination of monitoring activities including but not limited to:
- 5.3.1 Routine monitoring of selected IRB approved studies;
 - 5.3.2 Conduct of for-cause monitoring as indicated;
 - 5.3.3 Assessment of UMCIRB activities related to studies being monitored;
 - 5.3.4 Reporting findings from monitoring to the appropriate party(ies); and
 - 5.3.5 Development of educational and training programs and development and dissemination of materials such as study tools, templates, and guidance for use by investigators and key study personnel.

6.0 Procedures:

6.1 Routine & Focused Post-IRB Approval Monitoring

- 6.1.1 The PAM staff will select IRB approved studies for routine or focused monitoring. All IRB approved non-exempt studies will be eligible for selection; however, priority will be given to:
- 6.1.1.1 Investigator-initiated studies,
 - 6.1.1.2 Studies where the investigator is new or inexperienced,
 - 6.1.1.3 Studies federally or otherwise funded, and are not regularly monitored by other entities,
 - 6.1.1.4 Studies involving vulnerable populations or considered high-risk,
 - 6.1.1.5 Non-exempt studies with no expiration date, and
 - 6.1.1.6 Studies for which ECU is relying on an external IRB.
 - 6.1.1.7 Studies where the investigator has allowed the research to expire.

Studies that have undergone monitoring by the PAM staff within the last year will not be selected again for review unless the findings from the initial review indicate follow-up is required within that year or an issue arises that indicates the need for a for-cause monitoring review. Investigators may request to postpone a monitoring visit but may not decline to have their study monitored; the investigator's full cooperation is expected.

- 6.1.2 Investigators, their research staff, their Department Chair and Associate Dean of Research will be notified by email that their study has been selected for monitoring. The email correspondence will contain the following information:
- 6.1.2.1 A request for available dates and times for the monitoring visit;
 - 6.1.2.2 An estimate of how much time will be required to complete the monitoring visit;
 - 6.1.2.3 Notification of which study(ies) will be reviewed and whether the entire study will be reviewed or if it will be a focused monitoring visit;
 - 6.1.2.4 A request for a location for the monitoring visit that allows for convenient access

- to the study team and study records/files by the PAM staff;
 - 6.1.2.5** Notification of documents that should be available for review;
 - 6.1.2.6** Notification that the PI and/or his/her designee should be available to answer questions during the visit; and
 - 6.1.2.7** That a brief exit interview summarizing review findings will be conducted with the PI and any key study personnel selected by the PI.
- 6.1.3** Prior to the monitoring visit PAM staff will review the IRB records for the study(ies) selected. IRB record review will include, but is not limited to, the following:
- 6.1.3.1** Profile of PI and key study personnel to determine if applicable required training is up-to-date and CVs are provided when required;
 - 6.1.3.2** Assigned roles and responsibilities to ensure they match the delegation of authority log, if applicable;
 - 6.1.3.3** Identified conflict-of-interests, associated management plan if applicable and whether the IRB-approved consent contains language addressing the COI if required;
 - 6.1.3.4** Whether or not quorum was maintained for all IRB votes, if applicable, on the study;
 - 6.1.3.5** Were changes approved by the IRB reflected in the study documents;
 - 6.1.3.6** Were consent forms date-stamped properly;
 - 6.1.3.7** If an IRB member had a conflict, did (s)he recuse;
 - 6.1.3.8** Was the study approval ever allowed to expire and if so were any participants enrolled during the period of expiration; and
 - 6.1.3.9** For studies reviewed and approved by external IRBs the following will be reviewed:
 - 6.1.3.9.1** The electronic submission study application to ensure it has been properly populated with all external IRB approvals and approved documents;
 - 6.1.3.9.2** Whether or not a fully and properly executed IRB Authorization Agreement (IAA) is in place.
- 6.1.4** At the time of routine monitoring all research/regulatory documents for the study must be available for review. For focused monitoring only, the documents applicable to the focus of the review must be available for review. Depending on the study, the list of items to be reviewed includes, but is not limited to:
- 6.1.4.1** Current IRB approved protocol/research plan/grant and all previous versions;
 - 6.1.4.2** Current IRB approved informed consent document(s) and all previous versions;
 - 6.1.4.3** All original signed informed consent documents;
 - 6.1.4.4** Initial and all continuing review IRB submissions; corresponding requests for revisions/additional information and approval letters;
 - 6.1.4.5** All IRB regulatory documents including; Investigator's Brochure (if applicable);
 - 6.1.4.6** All amendments and/or revisions to the protocol/research plan, consent, study personnel and corresponding approvals;
 - 6.1.4.7** If applicable to the study; all FDA required documentation and correspondence;
 - 6.1.4.8** If applicable to the study; all sponsor required documentation and correspondence such as monitoring and audit reports, etc.;
 - 6.1.4.9** Documentation of all unanticipated problems involving risks to participants and others as well as IRB notification of such;
 - 6.1.4.10** Documentation of all study violations/deviations as well as IRB notification of such;
 - 6.1.4.11** Data Safety Monitoring Board reports as well as IRB notification of such
 - 6.1.4.12** All other UMCIRB Correspondence;

6.1.4.13 Investigator and research staff training and certification logs if applicable; and
6.1.4.14 Other applicable study logs (i.e. screening logs, enrollment logs, consent logs, etc.).

- 6.1.5** For studies where participants have been enrolled, participant records will need to be available for review as well. For focused monitoring only, the documents applicable to the focus of the review must be available for review. The review of participant records will include but is not limited to:
- 6.1.5.1** The informed consent documents, inclusive, when applicable, of parental permission/consent documents, assents, and HIPAA authorization(s);
 - 6.1.5.2** Documentation of informed consent;
 - 6.1.5.3** Inclusion/exclusion criteria documentation;
 - 6.1.5.4** Source documentation and data collection forms; and
 - 6.1.5.5** The participant's medical record (if applicable to the study).
- 6.1.6** As part of the monitoring process, PAM staff may request to observe the consent process using procedures which may include, but are not limited to:
- 6.1.6.1** Witnessing administration of informed consent to potential participants;
 - 6.1.6.2** Surveying research participants enrolled in the study; the survey will include, but may not be limited to, the following questions:
 - 6.1.6.2.1** What information was provided during the informed consent process;
 - 6.1.6.2.2** Were you given the opportunity to ask questions;
 - 6.1.6.2.3** Were you given enough time to make a decision;
 - 6.1.6.2.4** Who originally administered the consent process?
- 6.1.7** At the time of the monitoring visit PAM staff may request a tour of the facility to verify/confirm security of documents/records; verify/confirm control of storage and accountability of investigational products, devices, and specimens if applicable to the study.
- 6.1.8** At the end of the monitoring visit, an exit interview will be conducted with the PI; and at the investigator's discretion, select study personnel. This interview will allow the PAM staff to share their preliminary findings with the team, ask any questions that remain about the conduct of the study or any of the findings. It is also an opportunity to for the study team to ask any questions they have regarding the findings, the monitoring visit in general or any other questions related to the conduct of IRB approved human research.
- 6.1.9** PAM staff will generate a draft report of findings which will include the following:
- 6.1.9.1** A summary of the findings, addressing areas for improvement where needed;
 - 6.1.9.2** Recommendations to facilitate best practices and enhance overall study conduct; and
 - 6.1.9.3** Any corrective actions required and the time frame within which these actions are expected to be completed.
- 6.1.10** The draft report of findings will be sent to the PI within two weeks of the completion of the monitoring visit for their review and response. In case of serious and/or ongoing non-compliance or findings that suggest there are increased risk(s) to participants or others the results will be immediately shared with the UMCIRB Administrative Director for determination of course of action.
- 6.1.11** Upon receipt of the draft report of findings the PI will be required to provide a response outlining the status of each item requiring corrective action as well as the status of each item

where best practice recommendations are made. If the PI chooses not to implement the best practice recommendation(s) they must provide a rationale for this decision. The draft report of findings will include the deadline for the PI's response to the PAM office.

- 6.1.12** Once the PAM Office receives the PI's response to the draft report of findings a final copy of the report, with the PI's response attached will be emailed to the PI, their Department Chair and Associate Dean of Research. This will signify that the file for the monitoring visit is complete.
- 6.1.13** The results of monitoring efforts will be reported in aggregate to the UMCIRB on a regular basis and will be used to inform the development of educational initiatives, tools and programs for investigators and research staff.

Revision History:

Date	Change	Reference Section(s)
04.29.2010	New SOP	All Sections
05.16.2014	Update	All Sections
02.26.2019	Updated SOP to more accurately reflect conduct of the monitoring program; separate out routine monitoring SOP and for-cause monitoring SOP	All Sections
03.03.2022	Revised title, revision to sections 6.1.2, 6.1.10, 6.1.11, 6.1.12 based on recent Internal Audit consultation; addition of language to 6.1.7 and 6.1.8 and minor grammar corrections.	1.0, 6.1.7, 6.1.8, 6.1.10, 6.1.11 6.1.12
05.25.2022	Revised format of section 6.1.1 so that reasons for study selection are easier to find and added last two bullet points as new reasons for selection of studies	6.1.1
02.27.2023	Updated 6.1.1 to add additional study selection criterion; studies allowed by the PI to expire.	6.1.1

References

- 21 CFR 56.109
- 38 CFR 16.109
- 45 CFR 46.109
- OHRP Institutional Review Board Written Procedures: Guidance for Institutions and IRBs (2018)