

# UAMS

---

UNIVERSITY OF ARIZONA  
FOR MEDICAL SCIENCES

Human Research Protection Program Plan

January 2011

L.....

**FOR MEDICAL SCII**

January 2011 .....	<b>Error! Bookmark not defined.</b>
Scope .....	3
Purpose.....	3
Definitions.....	3
Agent.....	3
Clinical Investigation .....	3
Engaged in Human Research .....	4
Human Research .....	4
Human Subject .....	4
Principal Investigator .....	4
Research .....	5
Mission.....	5
Ethical Requirements .....	5
Legal Requirements .....	5
Other Requirements .....	6
Sponsored Human Research .....	6
Scope of Human Research Protection Program.....	6
Human Research Protection Program Policies and Procedures.....	6
Human Research Protection Program Components.....	6
Organizational Official .....	6
Office of Research Compliance .....	7
All members of the organization .....	8
IRBs .....	8
Investigators and Research Staff.....	9
Legal Counsel .....	9
Deans/Department Chairs .....	9
Research Support Center.....	9
Education and Training .....	10
Questions and Additional Information for the IRB .....	10
Reporting and Management of Concerns .....	10
Disciplinary Actions .....	11
Approval and Revisions to the Plan.....	11

FOR MEDICAL SCIENCES**Scope**

Throughout this document "organization" refers to the University of Arkansas for Medical Sciences.

**Purpose**

This organization is committed to protect the rights and welfare of subjects in Human Research. The purpose of this plan is to describe this organization's plan to comply with ethical and legal requirements for the conduct and oversight of Human Research. This organization's Human Research Protection Program is a comprehensive system to ensure the protection of the rights and welfare of subjects in Human Research. The Human Research Protection Program is based on all individuals in this organization along with key individuals and committees fulfilling their roles and responsibilities described in this plan.

**Definitions****Agent**

An individual who is an employee is considered an agent of this organization for purposes of engagement in Human Research when that individual is on on-duty in any capacity as an employee of this organization.

An individual who is not an employee is considered an agent of this organization for purposes of engagement in Human Research when that individual has been specifically authorized to conduct Human Research on behalf of this organization.

Legal counsel has the ultimate authority to determine whether someone is acting as an agent of this organization.

**Clinical Investigation**

Any experiment that involves a test article; one or more human subjects; and that is subject to the Food and Drug Administration (FDA) regulations by one of the following:

- 1) Meets the requirements for prior submission to the FDA under section 505(i) of the Federal Drug, Food and Cosmetic Act meaning any use of a drug other than the use of an approved drug in the course of medical practice; or
- 2) Meets the requirements for prior submission to the FDA under 520(g) of the Federal Drug, Food and Cosmetic Act meaning any activity that evaluates the safety or effectiveness of a device; or
- 3) Any activity the results of which are intended to be submitted or inspected by the FDA to support applications for research or marketing permits for products.

FOR MEDICAL SCIENCE

## Engaged in Human Research

This organization is engaged in Human Research when its employees or agents are interacting or intervening with Human Subjects for the purpose of conducting Research. This organization follows OHRP guidance on "Engagement of Institutions in Research" to apply this definition.

## Human Research

Any activity that meets the definition of:

- 1) Research AND involves Human Subjects; or
- 2) Clinical Investigation.

## Human Subject

- 1) An individual who is or becomes a participant in research either as a recipient of a test article, as a control, or an individual on whose specimen an investigational device is used; or
- 2) A living individual about whom an investigator (whether professional or student) conducting research obtains:
  - a. Data, of any kind, through intervention or interaction with the individual; or
  - b. Identifiable private information even in the absence of intervention or interaction.

For the purposes of this definition:

- Intervention means physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject's environment that are performed for research purposes.
- Interaction means communication or interpersonal contact between investigator and subject or participant.
- Private Information means information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place; and Information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).
- Identifiable Information means information that is individually identifiable (identity of subject is or may readily be ascertained or associated with the information).

## Principal Investigator

The person responsible for the conduct of the Human Research at one or more sites. If the Human Research is conducted by a team of individuals at a trial site, the principal investigator is the responsible leader of the team.

**FOR MEDICAL SCIENCES**

**Research**

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

Systematic: Activities must be systematic to be considered research. Activities that involve predetermined methods for answering a specific question, testing hypotheses or theories are systematic and might include interviews, program evaluations, and observational studies. Activities that are not normally systematic are training activities where an individual is trained to perform a certain technique or task or to teach proficiency in using a certain method.

Generalizable Knowledge: Activities must contribute to generalizable knowledge or have an intent to extend beyond an internal use or department. Many thesis, dissertation or preceptorship projects are intended to extend beyond the graduate's department and therefore are considered research. Activities that are typically not generalizable are course evaluations that cannot be generalized to others and quality assurance type activities that are only intended to improve the performance of a unit, division, or department.

**Mission**

The mission of this organization's Human Research Protection Program Plan is to protect the rights and welfare of subjects involved in Human Research that is overseen by this organization.

**Ethical Requirements**

In the oversight of all Human Research, this organization (including its investigators, research staff, students involved with the conduct of Human Research, IRB members and chairs, IRB staff, the organizational official, employees, and students) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," also known as "The Belmont Report:"

- Respect for Persons
- Beneficence
- Justice

**Legal Requirements**

This organization commits to apply its ethical standards and the Common Rule to all Human Research regardless of funding.

All Human Research must undergo review by an organizationally designated IRB. Activities that do not meet the definition of Human Research (e.g., some classroom or training activities or certain quality improvement activities that do not meet the definition of Human Research) do not require IRB review and approval and do not

**FOR MEDICAL SCIENCES**

need to be submitted to the IRB unless there is a question regarding whether the activity is Human Research.

When this organization is engaged in Human Research that is conducted, funded, or otherwise subject to regulatory oversight by a federal department or agency who is a signatory of the Common Rule, the organization commits to apply the regulations of that agency relevant to the protection of Human Subjects.

When this organization is engaged in Human Research regulated by the FDA, this organization commits to apply the FDA-regulations relevant to the protection of Human Subjects.

Any questions about whether an activity meets the regulatory definitions of Human Research should be referred to the IRB Office who will provide a determination.

**Other Requirements**

All policies and procedures that are applied to Human Research conducted domestically are applied to Human Research conducted in other countries.

This organization prohibits payments to professionals in exchange for referrals of potential subjects ("finder's fees") and payments designed to accelerate recruitment that were tied to the rate or timing of enrollment ("bonus payments.")

**Sponsored Human Research**

For both sponsored and non-sponsored Human Research this organization abides by its ethical principles, regulatory requirements and its policies and procedures.

**Scope of Human Research Protection Program**

The categories of Human Research overseen include all forms of human research except

- Research involving children, pregnant women, fetuses, or neonates that is not otherwise approvable without approval of an agency secretary or director.
- Research involving a waiver of consent for planned emergency research.

**Human Research Protection Program Policies and Procedures**

Policies and procedures for the Human Research Protection Program are available on the IRB website: <http://uams.edu/irb/irb.asp> Policy changes will be posted on the website and announced in research newsletter.

***Human Research Protection Program Components***

**Organizational Official**

The Vice Chancellor for Research is designated as the Organizational Official.

The Organizational Official has the authority to take the following actions or delegate these authorities to a designee:

FOR MEDICAL SCIENCES

- Create the Human Research Protection Program budget.
- Allocate resources within the Human Research Protection Program budget.
- Appoint and remove IRB members and IRB chairs.
- Hire and fire research review staff.
- Determine what IRBs the organization will rely upon.
- Approve and rescind IRB authorization agreements.
- Place limitations or conditions on an investigator's or research staffs privilege to conduct Human Research.
- Create policies and procedures related to the Human Research Protection Program that are binding on the organization.
- Suspend or terminate IRB approval of research.
- Disapprove research approved by the IRB.

The Organizational Official has the responsibility to:

- Oversee the review and conduct of Human Research under the jurisdiction of the Human Research Protection Program.
- Periodically review this plan to assess whether it is providing the desired results and recommend amendments as needed.
- Establish policies and procedures designed to increase the likelihood that Human Research will be conducted in accordance with ethical and legal requirement.
- Ensure that the research review process is independent and free of coercion or undue influence, and ensure that officials of the organization cannot approve research that has not been approved by an IRB designated by the organization.
- Implement a process to receive and act on complaints and allegations regarding the Human Research Protection Program.
- Investigate and remediate identified systemic problem areas, and where necessary removal of individuals from involvement in the Human Research protection program.
- Ensure that the Human Research Protection Program has sufficient resources, including IRBs appropriate for the volume and types of Human Research to be reviewed, so that reviews are accomplished in a thorough and timely manner.
- Review and sign federal assurances (FWA) and addenda.
- Fulfill educational requirements mandated by OHRP.

**Office of Research Compliance (ORC)**

The Office of Research Compliance reports directly to the Vice Chancellor for Institutional Compliance. ORC operates independently of the IRB and has the responsibility to:

- Institute regular, effective, educational and training programs for all individuals involved with the Human Research Protection Program.



- Implement an auditing program to monitor compliance and improve compliance in identified problem areas. This program will review individual research projects and IRB operations.
- Attend meetings of the IRB.

### **All members of the organization**

All individuals within the organization have the responsibility to:

- Be aware of the definition of Human Research.
- Consult the IRB when there is uncertainty about whether an activity is Human Research.
- Not conduct Human Research or allow Human Research to be conducted without review and approval by an IRB designated by the Organizational Official.
- Report allegations of undue influence regarding the oversight of the Human Research Protection Program or concerns about the Human Research Protection Program to the Organizational Official.
- Report allegations or finding of non-compliance with the requirements of the Human Research Protection Program to the IRB.

### **IRBs**

The list of IRBs designated by the Organization Official to be the IRBs relied upon by the Human Research Protection Program and the scope of review of these IRBs is listed in the IRB rosters available from the IRB Office.

This organization may rely upon the IRB of another organization provided one of the following is true:

- The IRB is the IRB of an AAHRPP accredited organization.
- This organization's investigator is a collaborator on Human Research primarily conducted at another organization and the investigator's role does not include interaction or intervention with subjects.
- The organization is engaged in the Human Research solely because it is receiving federal funds. (Employees and agents of the institution do not interact or intervene with subjects, gather or possess private identifiable information about subjects, nor obtain the consent of subjects.)

The IRBs relied upon by this organization have the authority to:

- Approve, require modifications to secure approval, and disapprove all Human Research overseen and conducted by the organization. All Human Research must be approved by an IRB designated by the Organizational Official. Officials of this organization may not approve Human Research that has not been approved by the IRB.
- Suspend or terminate approval of Human Research not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects.

**FOR MEDICAL**

- Observe, or have a third party observe, the consent process and the conduct of the Human Research.
- Determine whether an activity is Human Research.
- Evaluate financial interests of investigators and research staff and have the final authority to decide whether the financial interest and management plan as written allow the Human Research to be approved.

IRB members and IRB staff have the responsibility to follow Human Research Protection Program policies and procedures that apply to IRB members and staff.

**Investigators and Research Staff**

Investigators and research staff have the responsibility to:

- Follow the Human Research Protection Program requirements described in the policies and procedures which are maintained on the IRB website.
- Comply with all determinations and additional requirements of the IRB, the IRB chair, and the Organizational Official.

**Legal Counsel**

Legal Counsel has the responsibility to:

- Provide advice upon request to the Organizational Official, IRB, and other individuals involved with the Human Research Protection Program.
- Determine whether someone is acting as an agent of the organization.
- Determine who meets the definition of "legally authorized representative" and "children" when Human Research is conducted in jurisdictions not covered by policies and procedures.
- Resolve conflicts among applicable laws.

**Deans/Department Chairs**

Deans and Department Chairs have the responsibility to:

- Oversee the review and conduct of Human Research in their department or school.
- Forward complaints and allegations regarding the Human Research Protection Program to the Organizational Official.
- Ensure that each Human Research study conducted in their department or school has adequate resources.

**Research Support Center**

The Research Support Center has the responsibility to:

- Provide support and monitoring for all UAMS held INDs and IDEs
- Provide institutional review for clinical research budgets and Medicare coverage analysis
- Review sponsor contracts and funding agreements for compliance with Human Research Protection Program Policies and procedures.

**FOR MEDICAL SCIENCES*****Education and Training***

All new employees are to review this plan as part of initial orientation.

IRB members, IRB staff, and others involved in the review of Human Research must complete the online Collaborative Institutional Training Initiative (CITI) human subjects online training program. See the IRB Web site for a link to this training. This training is valid for a two-year period, after which time a refresher CITI course must be completed. IRB staff also train IRB members on the SOPs, checklists, and worksheets applicable to IRB members including regulatory and guidance requirements.

Investigators and research staff must complete the online Collaborative Institutional Training Initiative (CITI) human subjects online training program. See the IRB Web site for a link to this training. This training is valid for a two-year period, after which time a refresher CITI course must be completed.

***Questions and Additional Information for the IRB***

The IRB Office seeks your questions, information, and feedback.

Contact and location information for the IRB Office is:

UAMS Institutional Review Board  
Office Location: Biomed I, Room 170/172  
4301 W. Markham, MS 636  
Little Rock, AR 72205  
Email: [irb@uams.edu](mailto:irb@uams.edu)  
(501) 686-5667

***Reporting and Management of Concerns***

Questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program may be reported orally or in writing. Concerns may be reported to the IRB Chair, IRB Director, Organizational Official, Legal Counsel, Deans, or Department Chairs. Employees are permitted to report concerns on an anonymous basis by calling the Compliance Hotline at (888) 511-3969.

The IRB, or ORCAs appropriate, has the responsibility to investigate allegations and findings of non-compliance and take corrective actions as needed. The Organizational Official has the responsibility to investigate all other reports and take corrective actions as needed.

Employees who report in good faith possible compliance issues should not be subjected to retaliation or harassment as a result of the reporting. Concerns about possible retaliation should be immediately reported to the Organizational Official or designee.

To make such reports, contact:

FOR MEDICAL SCIENCES

Lawrence Cornett, PhD  
 Vice Chancellor for Research  
 Biomed II, Room 155  
 4301 W. Markham, MS #718  
 Little Rock, AR 72205  
 Email: ComettLawrenceE@uams.edu  
 (501) 686-5347


***Disciplinary Actions***

The Organizational Official may place limitations or conditions on an investigator's or research staffs privilege to conduct Human Research whenever in the opinion of the Organizational Official such actions are required to maintain the Human Research Protection Program.

***Approval and Revisions to the Plan***

This Human Research Protection Program Plan is to be approved by the Chancellor. This plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The Organizational Official has the responsibility to review this plan to assess whether it is providing the desired results. At the request of the Organizational Official the Chancellor has the authority to amend this plan as deemed necessary.

Approved:

  
 Daniel Kahn, MD  
 Chancellor

1/26/2011  
 Date