

**UNIVERSITY OF KENTUCKY  
HUMAN RESEARCH PROTECTION PROGRAM  
COMPREHENSIVE PLAN**

**A1.0100 OVERVIEW OF UK RESEARCH ENVIRONMENT**

The University of Kentucky (UK), the Commonwealth of Kentucky's flagship institution of higher education, is a public, research-extensive, land grant University dedicated to enriching people's lives through excellence in teaching, research, and service. The role of the UK research enterprise in developing new knowledge for transfer through teaching and service is critical to the broader institutional mission. Research is conducted in 16 colleges (Agriculture, Arts and Sciences, Business and Economics, Communications and Information Studies, Dentistry, Design, Education, Engineering, Fine Arts, Health Sciences, Law, Medicine, Nursing, Pharmacy, Public Health, and Social Work) as well as the Graduate School. Six graduate research centers have both faculty within the Centers and associated faculty whose primary appointments are in other units. In addition, UK's multidisciplinary research focus extends to more than 20 multidisciplinary research centers, institutes, and core research facilities. Significant human research at UK is conducted in many of these units and in major research centers.

As a major postsecondary institution with extensive human research activity, UK recognizes its institutional obligation to provide research subjects the highest standards in research protection. The human research protection program (HRPP) at UK is a multi-faceted enterprise designed to protect human subjects across broad-ranging research activities through established institution-wide policies and procedures. The institution's comprehensive plan for human research protection provides a guide to institutional authorizations, ethical principles, accreditation standards, standard operating procedures, responsible units and personnel, and the supporting documents that lay the foundation for the protections provided to research subjects. Essential components of the HRPP include policy, education, procedures, protocol review, conduct of study, study monitoring, and program assessment. All HRPP regulations, policies, and operating procedures relevant to these components are incorporated into the comprehensive plan.

**A1.0150 MISSION STATEMENT**

UK is committed to the highest ethical standards in the conduct of research and to ensuring the protection of human subjects involved in research. This commitment governs the structure of the institutional HRPP and forms the basis for the following institutional Administrative Regulations: AR 7.1 (Research Misconduct), AR 7:4 (Human Research Subject Protection and Institutional Review Boards), and AR 7:2 (Research Conflict of Interest and Financial Disclosure Policy).

**A1.0200 ETHICAL PRINCIPLES AND FEDERAL/STATE REGULATORY GUIDANCE**

The conduct of all UK research, as well as that of the Lexington Veterans Affairs Medical Center (VAMC), involving human subjects shall be in accordance with the ethical principles outlined in the Belmont Report, and specifically in accordance with three key concepts: respect for persons (consent, privacy, and confidentiality, with additional safeguards for special populations), beneficence (minimize risks and maximize benefits), and justice (fair sharing of benefits and burdens of research). All human research conducted by UK/VAMC personnel at institutional or

non-institutional performance sites for UK or the Lexington VAMC, domestic or international, shall also comply with the Department of Health and Human Services (DHHS) *Code of Federal Regulations* (CFR) 45 CFR 46 and, as applicable, Food and Drug Administration (FDA) 21 CFR Parts 50 and 56, Veterans Affairs (VA) 38 CFR Part 16, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR 160 and 164 Subparts A and E. In addition, research shall comply with all applicable federal and state laws and regulations. The institution applies additional regulations/policies on a case-by-case basis for projects funded by or covered by federal agencies such as the U.S. Department of Education, U.S. Department of Defense, National Science Foundation, or U.S. Bureau of Prisons, as appropriate to the sponsor. University officials shall develop and implement policies and procedures related to human research protection in alignment with this ethical and regulatory framework.

### **A1.0225 ACCREDITATION STANDARDS**

Following a rigorous, three-year evaluation process, the UK HRPP prepared for and achieved full accreditation by the Association for the Accreditation of Human Research Protection Programs, Inc., (AAHRPP) in June, 2007. AAHRPP standards exceed federal regulations in two ways: the protections required by the federal government for federally sponsored or regulated research are extended to *all* research, and AAHRPP requires additional protections, such as conflict of interest rules and community education. Achieving accreditation demonstrates UK's commitment to the highest ethical standards in conducting human research. This accreditation signals to research volunteers that UK puts their safety first and embraces standards that are higher than required by law. It also indicates to sponsors and investigators the efficiency and quality of the UK research program. Maintaining the HRPP at this distinguished level involves ongoing evaluation, training, documentation, annual reporting, and completing the reaccreditation process every three years.

### **A1.0250 ACTIVITIES COVERED UNDER THE UK HRPP**

In accordance with federal and institutional regulations, any undertaking in which any UK/VAMC faculty, staff, or student investigates and/or collects data on human subjects for research purposes is subject to the UK HRPP and review by the appropriate Medical or Nonmedical Institutional Review Board (IRB) regardless of the funding source. Specific institutional procedures which correlate with the assurance and cooperative research guidance of the Office for Human Research Protections (OHRP) govern data collection occurring at "off-site" locations, including criteria for engagement in research by the organization.

Any UK/VAMC activity that meets the federal Department of Health and Human Services (DHHS) definition of both "research" and "human subjects" or the Federal Drug Administration (FDA) definition of both "human subject" and "clinical investigation" is subject to all provisions of the institution-wide HRPP. As appropriate, UK applies relevant definitions from other sponsor agencies (e.g., Veterans Health Administration or Department of Defense).

- Research: "A systematic investigation designed to develop or contribute to generalizable knowledge" [45 CFR 46.102 (d)]
- Human Subjects (DHHS): "A living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual, or (2) through identifiable private information" [45 CFR 46.102 (f)]

- Clinical Investigation: “Involves use of a test article (i.e., drug, device, food substance or biologic), one or more human subjects, meets requirements for prior submission to FDA (involves drugs or medical devices other than the use of FDA-approved drugs or medical devices in the course of the medical practice), or results are intended to be part of an application for a research or marketing permit” [21 CFR 56.102(c)]
- Human Subjects (FDA): “An individual who is or becomes a participant in research, either as a recipient of a test article or as a control or as an individual on whose specimen a device is used. A subject may be either a healthy individual or a patient” [21 CFR 56.102(e)] (Drug, Food, Biologic)
- Human Subjects (FDA for medical devices): “A human who participates in an investigation, either as an individual on whom or on whose specimen an investigational device is used or who participates as a control. A subject may be in normal health or may have a medical condition or disease” [21 CFR 812.3(p)] (Medical Devices)
- In cases in which VA regulations or those of any other federal agency apply, institutional oversight of the activity follows the definitions for “research” and “human subjects” as defined by VA regulations [VA Handbook 1200.05] or the relevant agency as appropriate.
- For Department of Defense-supported research, institutional oversight of the activity follows the definitions of “research” and “experimental subject” as defined by Department of Defense regulations [DoD Directive 3216.02].

The term *research* encompasses basic and applied investigations such as bench work, clinical research, other work and product development, and other forms of creative activity. *Research involving human subjects* typically applies to behavioral and social sciences research including surveys, interviews, observations, and studies of existing records; clinical trials; epidemiological research, including surveillance, monitoring, and reporting programs; pilot studies; thesis and dissertation research involving human subjects; repository research, tissue banking, and databases from individually identifiable living persons; and human genetic research. In addition, certain quality assurance or quality improvement activities designed to measure the effectiveness of programs or services may constitute human research. Human subjects typically covered by the UK HRPP include the following categories: normal volunteers, patients, students, employees, children, non-English speaking or non-native volunteers, pregnant women, prisoners, and individuals with limited decision-making or impaired consent capacity, including those who are institutionalized.

The IRB or the Office of Research Integrity (ORI) determines whether an activity meets the pertinent definitions and, thus, is subject to the HRPP. In the case of class projects involving data collection from human subjects, the instructor is responsible for making the decision on whether the activity is subject to the HRPP and is encouraged to contact ORI for assistance in making this determination.

Investigators/researchers may not determine whether research to be conducted is exempt from the federal regulations, including IRB review. The ORI is responsible for communicating written policies and procedures for the University community to follow in determining whether activities need IRB review or are exempt from review.

UK policy requires that all investigators/study personnel conducting research involving human subjects or clinical investigations successfully complete and periodically renew mandatory training in the protection of human subjects. This policy includes research exempt from federal regulations. Exemption reviewers may recommend revisions within an exempt project to enhance subjects' protection. Investigators conducting research exempt from federal regulations may also incorporate consent and other procedures covered by human research protections. Finally, the sponsoring agency may require that proposed research receive full or expedited review even when the research activities otherwise qualify for exemption.

### **A1.0300 ORGANIZATIONAL STRUCTURE FOR HUMAN RESEARCH PROTECTION**

Human research protection is a shared institutional responsibility which encompasses diverse units and designated personnel crossing three primary domains: (1) the institution, (2) the institutional review boards, and (3) the investigator/study personnel. Areas of responsibility for each with specific reference to the conduct of research are delineated in institutional policies and procedures appropriate to the particular unit mission and/or administrative position of the personnel involved.

### **A1.0350 INSTITUTIONAL LEADERSHIP AND HUMAN RESEARCH PROTECTION PROGRAM ADMINISTRATION**

#### **A1.0400 Vice President for Research**

The key institutional leader responsible for oversight and management of all aspects of UK research is the Vice President for Research (VPR), who reports to the Provost who, in turn, reports to the University President. The VPR is the designated institutional official for human research protection in UK's Federalwide Assurance with the DHHS and for all components of the institutional HRPP. The University authorizes the VPR to act on its behalf, specifically committing the University to compliance with all requirements of the *Code of Federal Regulations*, 45 CFR 46, and other applicable federal regulations (e.g., FDA 21 CFR 50 and 56), not only for all federally sponsored research but for all human research activity regardless of sponsorship. Specific institutional responsibilities in meeting HRPP requirements include: developing policies and procedures that ensure human research protections; establishing an appropriate number of IRBs sufficient to meet institutional research needs and appointing qualified members to serve on the IRBs; ensuring education of IRB members, staff, and study personnel; providing sufficient resources and staff support to implement the HRPP and to ensure the effective operation of the IRBs; supporting IRB decisions; implementing mechanisms for institutional oversight; ensuring effective institution-wide communication and access to human research information for all UK entities; ensuring submission of and sign-off on appropriate assurances and certifications for the institution and cooperating performance sites; and overseeing UK reporting to regulatory agencies.

#### **A1.0450 Office of Research Integrity**

##### ***A1.0500 Coordination and Administration***

The Office of Research Integrity (ORI), a research support unit reporting directly to the VPR, plays a significant role in the institutional HRPP, interacting with the IRB and all University constituencies engaged in the HRPP to facilitate effective human research protections. The ORI

Director reports directly to the VPR. He/she is the designated official responsible for administrative oversight and coordination, implementation, and review of all HRPP policies, procedures, and functions. This UK official plays a critical leadership role in institutional efforts to remain abreast of current knowledge in the field, including regulatory and other relevant issues. Further, the Director serves as a liaison with federal and other agencies in implementing the UK HRPP and oversees institutional communication and education to ensure that the UK community as a whole and the units specifically responsible for protection of human subjects are informed of all relevant issues in human research. To maintain a high degree of cross-unit communication, collaboration, and interaction, the Director serves as an *ex officio* member on the Medical and Nonmedical IRBs and on other committees outlined below with significant roles in protecting human subjects.

#### ***A1.0550 Program Assessment***

The ORI Director, with assistance from the Quality Improvement Program (QIP) Coordinator, the Associate Director, the ORI Compliance Officer, Research Education Specialist, and the IRB, is responsible for annual and other periodic reports which contain assessments of the scope, volume, and nature of human research conducted at UK. These documents serve as the basis for program modifications and are one mechanism for determining the appropriate number of IRBs and for meeting administrative personnel requirements to conduct institutional HRPP functions. The ORI Director makes recommendations to the VPR for additional resources or changes in the program.

#### ***A1.0600 Human Research Education and Communication***

The VPR and the ORI have primary responsibility for establishing and communicating mandatory human research education requirements to all investigators/study personnel, maintaining current education materials, and documenting completion of required investigator/study personnel training. The ORI maintains up-to-date knowledge of federal regulations and issues affecting human research. ORI staff complete mandatory training in human research protections. The ORI also guides the University and the IRB in developing and implementing policies and procedures which ensure compliance with federal requirements for the ethical conduct of research. Responsibilities include facilitating cross-institutional communication and collaboration among the various units and personnel sharing HRPP functions. In addition to providing leadership and assistance to the HRPP, the ORI also assists with the animal care and use program (i.e., Institutional Animal Care and Use Committee), research misconduct policy, data ownership policy, and other ethical and regulatory issues related to the conduct of research, as appropriate.

#### ***A1.0650 Support Services***

ORI administrators support the mission of each IRB and the Radioactive Drug Research Committee (RDRC) and serve as liaisons with institutional HRPP leadership, the IRB, RDRC, Office of Sponsored Projects Administration (OSPA), and other administrative units with responsibilities for human research protection. Key responsibilities are to advise investigators and their staffs, the RDRC, IRB and committee chairs/vice chairs, upper-level administration, and other institutional administrative units on the review of research protocols and state and federal regulatory requirements; disseminate IRB applications; manage protocol review at

regularly scheduled meetings; maintain pertinent records and documentation of protocol review and IRB decisions for mandated periods; complete federally and UK-mandated reports; receive and respond to complaints and allegations of noncompliance; assist in developing HRPP policies and procedures; and manage staff and infrastructure to assist the IRB in completing their responsibilities. ORI administrators also assist in the development of education materials, provide and oversee mandated education on the ethical conduct of research, coordinate institutional/IRB/investigator responsibilities, conduct quality improvement and assurance reviews, assist with IRB review of HIPAA waivers and authorizations, and coordinate “off-site” administrative agreements.

### ***A1.0700 Community Outreach***

UK is committed to a policy of providing the community and all persons participating or considering participation in human research information on the rights of research subjects. The ORI maintains a comprehensive set of online outreach materials for human subjects through the department website. These resources familiarize the broader community and potential human subjects with information on human research in general and institutional policies and regulatory guidance governing the conduct of human research. Web pages also offer specific information on clinical trials, including *An Introduction to Clinical Trials* and a *Glossary of Clinical Trials Terms, Advice to Legally Authorized Representatives of Adult Participants* as well as linking directly to the UK Clinical Research Development and Operations Center (CR-DOC), the UK clinical research volunteer website, and pertinent external sites relating to human research protections. The CR-DOC also delivers patient/subject education through posters, dedicated research wall mounts, and traveling exhibits at outreach events. The website and approved informed consent and assent forms provide a means for human subjects to contact the ORI directly in the event that they have questions, problems, or concerns about their rights as subjects and to do so in a confidential manner. Contact information is prominently posted both on the ORI website, the clinical research volunteer website and promotional materials, and in the informed consent forms. In addition, the ORI maintains a toll-free phone number to ensure human subject access to ORI personnel, particularly the Research Compliance Officer (RCO).

### ***A1.0750 Handling Allegations of Regulatory Noncompliance and/or Research Misconduct***

The UK Administrative Regulation, AR 7:1 (Research Misconduct) defines and provides direction on the handling of research misconduct. The IRB/ORI has a standard operating procedure (SOP) for handling allegations of IRB noncompliance. The Research Compliance Officer (RCO), a staff member in the ORI, provides critical leadership in handling allegations of IRB noncompliance and any research misconduct which may also have IRB implications. In these cases, the RCO is responsible for identifying the specific allegation of noncompliance or misconduct to ensure coordination among the various components of the HRPP and implementation of the institutional policy. Key areas of responsibility include developing and implementing policies and procedures for issues related to research misconduct and noncompliance; serving as a liaison with all agencies, organizations, complainants, witnesses, and other personnel impacted by allegations of noncompliance; coordinating IRB investigations of allegations; advising senior administration on federal and institutional requirements, proposed changes, or actions related to noncompliance; preparing federally mandated reports and correspondence; and assisting in developing and directing the institutional education program and tools to educate the University community on research misconduct and noncompliance. The

ORI website lists the RCO as the designated contact person in the event of allegations of noncompliance and provides a toll-free phone number. The RCO handles questions about the human subjects outreach process but refers concerns with administrative processes to the ORI Director.

## **A1.0800 INSTITUTIONAL REVIEW BOARD**

### **A1.0850 Institutional Authority and Independence of the IRB**

All activity meeting the regulatory definitions outlined above of *research involving human subjects* or *clinical investigations involving human subjects* is subject to institutional review through the appropriate UK Medical or Nonmedical IRB committee. The Medical IRB typically reviews research emanating from the Colleges of Dentistry, Health Sciences, Medicine, Nursing, Pharmacy, and Public Health. Also, through memorandum of understanding, the Medical IRB reviews research involving the VAMC. The Nonmedical IRB generally reviews research originating from the Colleges of Agriculture, Arts and Sciences, Business and Economics, Communications and Information Studies, Design, Education, Engineering, Fine Arts, Law, and Social Work.

UK, through the VPR, grants the Medical and Nonmedical IRB committees the authority to act independently to bind all activities falling under their purview to their decisions. No institutional official or committee may approve human research that was disapproved by the IRB.

Specific authority granted to the IRB includes: approval, required modifications, or disapproval of all human research activities overseen and conducted by the investigators/research team; monitoring the consent process and the conduct of the research; and suspension or termination of approval of research that is not conducted in accordance with regulatory or institutional requirements or that has resulted or may result in unexpected serious harm to human subjects, even if previously approved. The IRB investigates allegations of noncompliance with human subjects regulations and reports of unanticipated problems and, in cases where corrective action is needed, issues appropriate sanctions, including, but not limited to, requesting changes, determining data collected cannot be used for publication, suspending or terminating approval, recommending additional education in the protection of human subjects in research, disqualifying investigators from conducting research involving human subjects at the University, and recommending to the University administration that further administrative action be taken.

With applicable approvals and written agreements, the University may also use the IRB of another organization to ensure effective and timely research review.

All UK/VAMC personnel who become aware of attempts to inappropriately influence the IRB are to report such incidents to the ORI RCO, who notifies the VPR and the ORI Director of all allegations. The VPR, in consultation with the ORI Director, investigates and determines the appropriate response to attempts to unduly influence or undermine the mission of the IRB. Types of responses may include but are not limited to educational intervention, or disqualification of the investigator, and further administrative action.

### **A1.0900 Institutional Review Board Responsibilities**

The primary responsibility of the UK IRB is to ensure that the rights and welfare of research subjects at UK are protected. Similarly, the UK Medical IRB serves as the designated IRB for

the Lexington VAMC, a teaching facility affiliated with the UK Colleges of Medicine and Dentistry for the training of residents in accredited specialty/subspecialty programs. In selected circumstances, the IRB serves as the IRB of record for other agencies, institutions, or facilities. Policies and procedures include provisions for adjustment of the number of IRB or reliance on a non-UK IRB to ensure that reviews are accomplished in a thorough and timely manner.

Chairs, vice chairs, and members are responsible for conducting ethical review of human research activities—initial, continuation, modification, and unanticipated problems/adverse experience—to ensure compliance with all applicable federal and state laws and regulations and with the ethical principles endorsed by the University. The IRB is further responsible for scientific and scholarly review within the context of the risk/benefit assessment and for conducting continuation review of approved research at intervals appropriate to the degree of risk, but not less than once per year.

Each IRB member and alternate bears the following responsibilities: (1) conducting protocol review; (2) applying disciplinary and regulatory knowledge when conducting reviews; (3) attending full review meetings; (4) avoiding conflict of interest in conducting reviews; (5) proposing and developing IRB policy; (6) completing the mandatory education requirements; (7) handling allegations or reports of noncompliance; (8) maintaining confidentiality; and (9) determining whether federal reports are required.

The IRB conducts review and approval operations in strict accordance with the complete set of policies and procedures governing research review at the University. The ORI publishes membership rosters and meeting dates prominently on the ORI website and makes these documents available in paper copy. Meeting dates occur at regular intervals, and ORI administrators disseminate agendas in a timely fashion to allow members sufficient time to review protocols under consideration. The ORI maintains the full set of documents detailing the development, requirements, implementation, review, and revision of policies and procedures for the conduct of research review. In addition, the ORI maintains all records of IRB review in a secure manner and in accordance with the provisions of all applicable regulations and accreditation guidelines, limiting access to authorized personnel as specified in IRB/ORI operating procedures.

### **A1.0950 Institutional Review Board Chair/Vice Chair**

The designated Medical and Nonmedical IRB chairs are responsible for (1) ensuring that the respective IRB committees carry out their responsibility to review each protocol for compliance with the requirements of 45 CFR 46 and, if applicable, 21 CFR 50 and 56, 38 CFR Part 16, as well as all other applicable federal, state, and institutional regulations and policies; (2) conducting exempt/expedited review or delegating this authority through the ORI to qualified IRB member(s); (3) maintaining communication with the investigators and ORI; (4) providing oversight and leadership in conducting review of alleged cases of noncompliance; and (5) chairing the Full Review Committee meetings.

For each IRB, a designated vice chair assists the chair in fulfilling the responsibilities listed above. In addition, as appropriate, the vice chairs serve as primary reviewers in conducting expedited and full continuation review and are responsible for reviewing the full continuation review application and making recommendations to the full boards. The vice chairs also may

delegate through the ORI the responsibility for serving as primary reviewer or expedited reviewer for continuation reviews to qualified IRB members.

### **A1.1000 Institutional Review Board Membership**

IRB membership requirements comply with federal regulations to ensure appropriate and diverse representation from multiple professions, various ethnic backgrounds, both genders, and both scientific and non-scientific backgrounds. One member must have no affiliation with UK or the VAMC. IRB members serve on the committee for designated terms of service. Selected UK administrative units and the ORI nominate individuals for chair, vice chair, and member roles on the IRB after review of scholarly, scientific, and other credentials. The VPR makes all appointments to these roles, as authorized by the UK President. The VA Research and Development Committee nominates members from the VAMC. The VA Director and the VPR, as authorized by the President of UK, make VA member appointments. Consideration of the nature and volume of research under review by a specific IRB shall be a factor in the appointment process. The ORI maintains appropriate documentation of professional credentials of each IRB member, and membership rosters contain information on members to ensure appropriate representation at IRB meetings for each protocol under review.

Non-voting *ex officio* members provide the IRB the expertise of specific units with significant institutional roles for human research protection and ensure coordination among UK administrative units in carrying out all provisions of the HRPP. The Medical IRB membership includes but is not limited to *ex officio* members representing the following units: University Legal Counsel, the ORI Director, the Investigational Drug Service (IDS), the Radiation Safety Officer (RSO) and Biological Safety Officer (BSO) of UK Environmental Health and Safety. For VAMC reviews, a representative of the VAMC Research and Development Committee serves as an *ex officio* member as well. The Director of the ORI and University Legal Counsel also serve as *ex officio* members on the Nonmedical IRB. Provisions for non-voting ad hoc consultants ensure the availability of special expertise as needed by the IRB prior to and/or during a convened meeting. Alternate IRB members serve in the absence of standing members.

### **A1.1050 Institutional Review Board Expertise and Qualifications**

The IRB chairs, vice chairs, members, and staff must be familiar with the ethical principles guiding human research; the requirements of federal regulations, applicable state law, and the institution's Assurance; and institutional policies and procedures established for the protection of human subjects. The IRB as a whole must also have effective knowledge of subject populations and other factors which can potentially contribute to a determination of risks and benefits to subjects and which can impact subjects' informed consent. Institutional HRPP policies and procedures delineate specific education requirements for IRB members and appropriate tools and educational programs for meeting these requirements.

### **A1.1100 Conflict of Interest and IRB Members, ORI Staff, and Consultants**

IRB chairs, members (standing and alternate), staff, and consultants may not participate in research review in which a conflict of interest exists. Specific policies and procedures govern the conduct of individuals in these positions and the process for recusal from the review process.

**A1.1150 INVESTIGATOR/RESEARCH PERSONNEL**

Direct responsibility for ethical conduct of human research and protection of research subjects lies with each investigator and the study personnel engaged in human research activities. Investigators hold the following key responsibilities: to design and implement ethical research within sound study designs according to the Belmont ethical principles and the standards of the discipline; involve study personnel qualified by training and experience for their research responsibilities; obtain IRB approval prior to initiating human research activity; comply with federal and state regulations, institutional and IRB requirements, and requirements of the Health Insurance Portability and Accountability Act pertaining to research; implement research as approved and in compliance with all IRB decisions, conditions, and requirements; maintain appropriate project and personnel oversight and appropriately delegate research responsibilities; conduct recruitment of subjects fairly and equitably while assessing risks/benefits to research subjects; obtain and document informed consent/assent/authorization when applicable and provide a mechanism for receiving and responding to subjects' complaints or requests for information; monitor data integrity as well as the rights and welfare of human subjects; submit progress reports; report unanticipated problems/adverse events; obtain prior approval for modifications to research protocols—including promotional materials; maintain written documentation of activities; and retain records. A detailed list of responsibilities is included in IRB/ORI Standard Operating Procedures (SOPs) and in the document *A Principal Investigator's Guide to Responsibilities, Qualifications, Records and the Documentation of Human Subjects Research*.

To enable researchers to perform their responsibilities appropriately, UK has established mandatory education requirements regarding human research protection for investigators and their study personnel. Additional mandatory training is required, to ensure investigators who assume the role of sponsor for an FDA regulated product are knowledgeable about applicable regulatory and institutional requirements. The ORI documents completion of education requirements.

In designing the human subject protections specific to the project, the principal investigator (PI) shall consider any and all conflicts of interest as defined in AR 7:2 and, in cooperation with the appropriate associate dean for research or other appropriate University official, identify and develop a plan to manage conflicts of interest.

The PI shall make a determination before conducting the study that the appropriate resources to protect human subjects are or will be in place, including resources to address adverse events and possible research-related injuries. For research protocols involving greater than minimal risk, the PI shall specifically detail plans for data safety and monitoring (i.e., for determining harm to research subjects and mitigating potential injuries).

If applicable to the research, the PI and study personnel must also comply with policy, procedures, and mandatory education requirements specified by other University administrative units such as the Institutional Biosafety Committee (IBC), Radiation Safety Committee (RSC), Markey Cancer Center, Corporate Compliance, and the RDRC.

**A1.1175 Investigator Concerns/Appeals of IRB Decisions**

The investigator communicates directly with the IRB committee to resolve any concerns that may arise regarding a specific IRB decision. (See the Initial Full Review SOP, Expedited Review SOP, and Exempt Review SOP.)

**A1.1200 CROSS-INSTITUTIONAL ROLES AND RESPONSIBILITIES FOR THE UK HRPP**

In addition to the institutional official, the IRB, the ORI, and investigators, other designated units and personnel share institutional responsibility for human research protection. These include but are not limited to the following: individual unit leaders, i.e., deans, department chairs, and departmental administrators; the Office of Sponsored Projects Administration, which also administers the University Conflict of Interest Policy; the Conflict of Interest Committee; Office of Legal Counsel; the Committee on Safety and Environmental Health, the Institutional Biosafety Committee, the institutional Biological Safety Officer, the Radiation Safety Committee, and the Radiation Safety Officer; the Radioactive Drug Research Committee; the Investigational Drug Service; the UK CR-DOC; and the VAMC Research and Development Committee. Shared membership on the committees and co-signed ORI/IRB SOPs facilitate coordination, communication, and implementation of human research in compliance with all provisions of the UK HRPP and ensure that required approvals are in place prior to commencement of research.

**A1.1250 COLLEGE/DEPARTMENT**

The colleges and/or departments in which research is to be conducted are responsible for nominating members to serve on the IRB; assisting investigators in identifying the projects requiring IRB review; and, in cooperation with the ORI, educating faculty, staff, and students about responsibilities and requirements for human research protections, including compliance with regulatory guidance.

In addition, the department chair conducts preliminary scientific and scholarly review of the human research protocol and is responsible for signing both the Chairperson's Assurance Statement on the IRB application for full, expedited, or exempt review and the institutional Internal Approval Form (IAF) for sponsored programs. The chair's signature on the IRB application is a statement of assurance of scientific validity, investigator qualifications, adequate and appropriate resources, and direct mentoring to ensure adherence to established standards of scientific integrity.

The IAF, administered by the Office of Sponsored Projects Administration, is an internal form required prior to submission of a proposal to an external funding agency. It provides a summary of pertinent details regarding the proposed research, including the involvement of human subjects. The department chair's signature on this form certifies that he/she has reviewed the proposed research and agrees it is consistent with the educational and research objectives of the unit. The investigator also submits the IAF to the following personnel for approval: deans or center directors, and OSPA Director. Institutional policy assigns OSPA the responsibility for assuring that the investigator has routed the IAF through the appropriate channels and obtained necessary approvals.

Department heads, faculty members, and supervisors are also directly responsible for maintaining an atmosphere that promotes full compliance with University safety policies and procedures in all facets of University operations, including human research. This mandate places equal responsibility on investigators and administration to handle biohazardous agents and radiation-producing devices safely, following established policies, procedures, and regulations, and in accordance with research reviews conducted by the IBC and the RSC.

### **A1.1300 OFFICE OF SPONSORED PROJECTS ADMINISTRATION**

#### **A1.1350 Procurement, Review, Approval, and Submission of Sponsored Projects**

The Office of Sponsored Projects Administration, a unit within the Office of the VPR, serves both UK and the University of Kentucky Research Foundation (UKRF) in the review, approval, and submission of proposals. The University Administrative Regulation, AR 7:3 (Sponsored Projects Grants and Contracts) formalizes unit responsibilities for ensuring compliance with the terms and conditions of grants and contracts and for providing general grant, contract, and agreement administration with project sponsors. In addition, OSPA is responsible for the following HRPP functions: monitoring funding agency assurance/certification requirements and ensuring compliance; posting federal and state regulatory guidelines relevant to sponsored research; coordinating with the IRB to ensure accuracy of completed assurances and certifications; maintaining agency-required documentation; and maintaining a working knowledge of the types of projects needing IRB review.

OSPA administers the Internal Approval Form, which ensures that the proposed project has been reviewed across institutional levels for scientific and sound scholarly design. Department chairs, directors and deans receive a summary of pertinent details of proposed sponsored research projects on the IAF, including the use of human subjects, hazardous materials, or radioactive materials. The IAF contains investigator certifications that he/she will adhere to University policies on conflict of interest, ethical standards in the conduct of research, intellectual properties, and the use of human subjects in research and that he/she has completed and submitted a Research Financial Interest Disclosure Statement and submitted it to the appropriate dean or director. Signatures of chairs, deans and directors certify both that the proposed research is consistent with the educational and research objectives of the unit and that a Research Financial Interest Disclosure Statement has been completed.

Every sponsored project must include a written agreement between the sponsor and the institution. OSPA negotiates the terms of the agreements to ensure compliance with federal and state law, University policy, and good business practice. *A Guide for Industry: Research Agreements with the University of Kentucky*, available from OSPA, clearly articulates UK policy with regard to agreements with industry. The *Clinical Trial Agreements Information Sheet* posted on the OSPA website outlines administrative and contractual issues applicable to clinical trial agreements. Sample agreements for industry and clinical studies, which include provisions addressing freedom to publish research results, coverage of subject injury expense, and adherence to human subject protection regulations, are available from OSPA.

OSPA is responsible for negotiating the terms of all sponsored agreements, including clinical study agreements on behalf of UKRF. OSPA also prepares subagreements with collaborators, which include provisions for adherence to human research protections, the research protocol, and applicable federal and state regulations. Internal OSPA policy requires IRB approval prior to

establishing an account for a project involving human subjects. In selected circumstances, OSPA may, however, establish accounts under specific written agreements with the investigator prohibiting contact with and enrollment of human subjects prior to obtaining IRB approval.

#### **A1.1400 Research Conflict of Interest Administration**

UK's Research Conflict of Interest and Financial Disclosure Policy (AR 7:2) closely mirrors the federal regulations effective October 1, 1995. The intent of the policy is to ensure the integrity of all research and to avoid any perception that an investigator's financial interests might have either a positive or negative effect on proposed research. Administrative Regulation II-4.0-4 defines investigators as a principal investigator, co-principal investigator or any other person at the University responsible for the "design, conduct or reporting of the research." AR 7:2 provides for review and management of any relevant significant financial interest that could directly affect the design, conduct, or reporting of research activity.

OSPA administers the individual Research Conflict of Interest and Financial Disclosure Policy (AR 7:2), publishing the policy prominently on behalf of the institution and maintaining a website of relevant information. The Conflict of Interest Administrator reports directly to the OSPA Director. OSPA ensures that PIs, co-investigators, and other personnel responsible for the design, conduct, or reporting of sponsored research activities complete Research Financial Interest Disclosure Statements and certify that they have read and understand the Research Conflict of Interest and Financial Disclosure Policy prior to proposal submission to an external funding agency. OSPA is also responsible for coordinating with the ORI on any research project that meets the UK definition of financial conflict of interest and involves human subjects.

#### **A1.1450 RESEARCH CONFLICT OF INTEREST COMMITTEE**

The VPR and the University Senate Council are responsible for recommending a committee of at least five members for appointment by the President to a Research Conflict of Interest Committee (RCOIC). A majority of the membership consists of faculty members and the remainder is limited to deans, directors and others employed by the University. In addition, the Directors of OSPA and ORI serve as *ex officio* members of the Research Conflict of Interest Committee.

Investigators or personnel who have an identified potential conflict of interest propose a plan to eliminate, minimize, or manage the conflict of interest. The authorized University official, i.e., the associate dean for research for the college, will review the plan. The investigator and the authorized University official submit the plan to the RCOIC which may accept the plan as recommended, add to the plan, or formulate a different course of action to manage, reduce, or eliminate the conflict. The RCOIC forwards its recommendations to the VPR for final approval.

The VPR notifies the investigator, dean or director, and the Committee of the final disposition of the issue. No sponsored project award funds may be disbursed until this final disposition. The Director of OSPA sends the final management plan to the ORI/IRB. The IRB withholds approval pending receipt and IRB review of the final management plan. Noncompliance with or violation of the conflict of interest policy is grounds for disciplinary action as specified in AR 7:2.

### **A1.1500 INSTITUTIONAL CONFLICT OF INTEREST**

UK Administrative Regulation: AR 7:9 (Institutional Conflicts of Interest Involving Research) identifies areas in which financial dealings of the university could affect research integrity and provides clear guidance on and procedures for the disclosure and management, or elimination, of institutional conflicts of interest, whether real or perceived. The processes cover direct financial holdings of the University or any of its affiliated corporations or personal financial holdings of a University Official who, by virtue of his or her institutional authority, might affect, or reasonably appear to affect, institutional processes for the conduct, review, or oversight of research. The VPR serves as the Institutional Conflict of Interest Official with authority and responsibility for overseeing the implementation of this policy. All identified institutional conflicts of interest shall be disclosed to the UK Institutional Conflict of Interest Committee, which reviews the disclosure and recommends a course of action.

### **A1.1550 OFFICE OF LEGAL COUNSEL**

The Office of Legal Counsel provides legal services through an Associate General Counsel who has primary responsibilities specific to the UK research enterprise to ensure absence of conflicting organizational responsibilities. This position reports to the Office of Legal Counsel, but is funded through the Office of the VPR. Legal counsel serves the IRB and the ORI, advising on such legal issues as consent, state law, and other research-related areas, including handling of differing state and federal laws. In cases where state law is inconsistent with federal, i.e., more stringent, policies are developed and implemented which govern the conduct of the research affected by these laws. Legal counsel serves as an *ex officio* member of the Medical and Nonmedical IRB committees and works closely with IRB chairs, ORI staff, and the VPR in reviewing legal issues affecting human research, assessing and monitoring UK research practices, and assisting the institution in maintaining compliance with pertinent federal and state legal requirements. Legal counsel maintains external professional affiliations to ensure that the University community is apprised of current legal developments.

### **A1.1600 COMMITTEE ON SAFETY AND ENVIRONMENTAL HEALTH**

The Division of Environmental Health and Safety (EHS) has responsibility for assisting the University in achieving overall safety compliance in all operations, including research. EHS staff members assist investigators in assessing environmental, health and safety needs, and compliance requirements of their proposed research through means of a web-based checklist and use the results of the assessment to direct investigators to the appropriate research review. Two specific subcommittees of the Committee on Safety and Environmental Health, the Institutional Biosafety Committee and the Radiation Safety Committee, play important roles in reviewing research protocols involving human subjects, coordinating approvals with the IRB, and providing *ex officio* members to serve on the Medical IRBs during research review. These committees coordinate with the IRB and ORI through shared membership. The IRB withholds all approvals pending approval of the IBC and the RSC, when applicable. The ORI Director serves as an *ex officio* member of the Committee on Safety and Environmental Health.

### **A1.1650 Institutional Biosafety Committee**

This committee is responsible for advising the institution on all matters related to biological safety and for reviewing and approving proposed uses of biohazardous materials in all

institutional undertakings. In accordance with the *NIH Guidelines for Research Involving Recombinant DNA Molecules* UK has established the IBC as the responsible unit for review and approval of recombinant DNA research. The Biological Safety Officer and the IBC must review all research involving infectious agents or recombinant DNA. All proposals, regardless of funding source, are subject to this review.

IBC review ensures that such research is conducted in full conformity with the provisions of the *NIH Guidelines* and guidelines from the Centers for Disease Control (*Biosafety in Biomedical and Microbiological Laboratories*, BMBL). The review includes an independent assessment of the required containment levels and the facilities, procedures, practices, training, and expertise of the personnel involved in recombinant DNA research. The IBC determines the proper hazard classification. Institutional policy requires IBC review and approval before the IRB may issue initial review approval.

No fewer than five members are selected so that they collectively have experience and expertise in recombinant DNA technology and the capability to assess research safety and potential risk to public health or the environment to serve on the IBC. At least two members are not affiliated with the institution apart from their membership on the IBC and represent the interests of the surrounding community with respect to health and the protection of the environment. The IBC must also have available as consultants persons knowledgeable in institutional commitments and policies, applicable laws, standards of professional conduct and practice, community practice, and the environment.

#### **A1.1700 Institutional Biological Safety Officer**

The Biological Safety Officer (BSO) works closely with the IBC and is responsible for developing, implementing, and directing a comprehensive biosafety program throughout all research laboratory and clinical areas that meets NIH, Centers for Disease Control, Occupational Health and Safety Administration, and sponsor requirements. The biological safety program covers research on recombinant DNA and human/plant/animal gene transfer; infectious agents and biologically derived toxins; and human tissues, fluids and cell/cell cultures. As the designated institutional official and administrator for the IBC, the BSO serves as an *ex officio* non-voting member of the Medical IRB, reviews and approves protocols involving the use of infectious agents and recombinant DNA, and makes recommendations to the IRB committees in their review of protocols that fall under the purview of the IBC. To maintain optimal compliance, the BSO develops and conducts educational programs for faculty, staff, and students to improve institutional biological safety; develops and maintains a database of microorganisms and recombinant DNA used in research experiments at the University; coordinates the acquisition, transfer, and use of “select agents” by UK researchers; performs all required inspections; audits laboratories and work practices and communicates findings to management; develops and maintains a biosafety cabinet certification program database; and investigates accidents and incidents involving biological agents and materials.

#### **A1.1750 Radiation Safety Committee**

The Kentucky Cabinet for Health and Family Services, Radiation Health and Toxic Agents Branch, authorizes UK to use radiation-producing devices and radioactive material in operations, education, research, and development activities. The Radiation Safety Committee (RSC), appointed by the President as a subcommittee of the Committee on Safety and Environmental

Health, establishes radiation policies and procedures for the University in accordance with state and federal regulatory requirements governing the procurement, use, storage, and disposal of radiation-producing devices and radioactive material. The RSC authorizes individual investigators and study personnel to use these devices in the conduct of their research; however, prospective users must submit proposals to the RSC for review and approval. The RSC coordinates this review with the initial review conducted by the IRB, which may not approve research requiring RSC review without prior approval from the RSC. The Committee includes individuals experienced in the use of radiation sources in medicine and research at the University, including the Radiation Safety Officer, who serves as an *ex officio* member of the Medical IRB.

### **A1.1800 Radiation Safety Officer**

Responsibility for carrying out the policies and procedures of the RSC rests with the Radiation Safety Officer (RSO) who has administrative responsibility for the University's radiation safety program. The RSO reviews all applications for radiation-producing device and radioactive material use, as well as location, procedure, and disposal. The RSO recommends approval or disapproval of applications for the use of such devices to the RSC, makes recommendations to the IRB on consent language or protocol safety issues for protocols that fall under the purview of the RSC, and may suspend any project or use that is found to be a threat to health or property.

The RSO is responsible for implementing written policies and procedures for comprehensive management of the radiation procurement, use, disposal, documentation, and emergency actions and is also responsible for investigating overexposures, accidents, and other deviations from approved radiation safety practice and implementing corrective actions as necessary.

### **A1.1850 RADIOACTIVE DRUG RESEARCH COMMITTEE**

Basic research designed to study the metabolism of a radioactive drug or to gain information about human physiology, pathophysiology, or biochemistry in response to radioactive drug use is subject to review by the UK Radioactive Drug Research Committee (RDRC), as well as the IRB. Formed under the authorization of the FDA and the University, the RDRC, whose members are appointed by the VPR, is responsible for reviewing and approving all radioactive drug research projects that fall under the purview of FDA regulations as specified in 21 CFR Part 361.1. The RDRC Chair and the UK Radiation Safety Office are responsible for determining whether a research proposal needs RDRC review in accord with FDA requirements. Investigators submit research protocols which meet the criteria for review, as outlined in the regulations, to the RDRC for review and approval prior to initiation of the study. The committee is activated upon receipt of a protocol that meets the review criteria. The ORI manages both the IRB and the RDRC and bears primary responsibility for coordination of the two committee reviews and for providing the IRB with written RDRC recommendations. The IRB will not approve research without prior approval from the RDRC.

### **A1.1900 INVESTIGATIONAL DRUG SERVICE**

The Investigational Drug Service (IDS) offers support for all clinical drug-related research conducted by investigators at the UK Medical Center. Hospital policy requires IDS support for all in-patient protocols. Outpatient investigational drug studies may opt not to use the services of the IDS for their pharmacy support; however, they are subject to annual audit by the IDS. The

primary activity of the IDS is to ensure the appropriate procurement, storage, distribution, and inventory control of investigational and study drugs. Investigational drugs are those drugs which have not received FDA approval for use in humans. Study drugs are those FDA-approved drugs being used under protocol for human research, possibly outside of FDA-approved labeling. The IDS provides the support needed to assure safe and efficient conduct of clinical drug trials including compliance with federal, state, and Joint Commission on Accreditation of Healthcare Organizations requirements regarding investigational drugs. The IDS Director serves as an *ex officio* member of the Medical IRB; supplies pharmacy information to the IBC on some protocols, especially gene therapy protocols; and provides pharmacy support to the VAMC and the UK CR-DOC.

Upon initiation of a clinical drug study, the IDS requests a copy of the sponsor's protocol and the investigator's drug brochure. The research pharmacist reviews the protocol and meets with sponsor representatives, the investigator, study coordinator, and other study personnel to assess the potential IDS requirements. The IDS will not initiate a clinical drug study without documentation of IRB approval.

### **A1.1950 UK CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE**

The Center for Clinical and Translational Science (CCTS) facilitates community-participatory research and the translation of medical discovery to application. As an academic home for clinical and translational science, the CCTS co-localizes core research support and training infrastructure to facilitate sound research design, fiscal and regulatory compliance, and research integrity in CCTS-supported initiatives. This broad-based infrastructure for regulatory and compliance support within the CCTS includes the CR-DOC, a Regulatory Support and Research Ethics unit, and a Biostatistics, Epidemiology, and Research Design unit.

### **A1.1975 Clinical Research Development and Operations Center**

The CR-DOC provides the CCTS and the clinical and translational science community with comprehensive clinical research infrastructure and operations support. CR-DOC inpatient and outpatient services and units facilitate study development, budget development, monitoring, regulatory compliance, participant recruitment, and specialized research staff education.

The Research Development Unit and the Regulatory Unit assist investigators supported through the CR-DOC in completing institution-wide regulatory requirements, including IRB submissions, budgets for industry-based trials, grant management, and all other aspects of study initiation and maintenance. Specific responsibilities are to ensure FDA/IRB and good clinical practice (GCP) compliance, monitor/audit studies for protocol compliance and patient safety, and monitor/audit Investigational New Drug applications and Investigational Device Exemptions. The Clinical Operations Unit provides nursing and coordinator services in the conduct of all phases of clinical trials, including research and consent procedures, adverse event surveillance, and data collection. Both units interact with other departments actively involved in oversight of clinical research including the ORI, the IRB, OSPA, Sponsored Projects Accounting, the IDS, the VAMC, the RSC, and other applicable units.

The CR-DOC also provides education and training for study personnel on fiscal compliance, GCP, study coordination, and human research protection. The CR-DOC provides support in creating effective recruitment plans, strategic marketing campaigns, and recruitment guidance to

ensure advertising meets human subject and institutional graphic requirements prior to IRB review. All clinical trials are subject to institutional policy requiring IRB approval of promotional/ recruitment materials as well as research protocols.

The UK IRB reviews and approves all research conducted in the CR-DOC to ensure protection of the rights and welfare of research subjects. The CR-DOC Research Development unit closely coordinates the process of obtaining IRB approval with the investigator. A Scientific Review Committee reviews protocols for sound study design and is supported by the CCTS Biostatistics, Epidemiology, and Research Design unit. The CR-DOC maintains documentation of IRB approval of protocols, as well as copies of currently approved consent forms. The ORI Director serves an *ex officio* member of the CR-DOC Scientific Advisory Committee to ensure coordination of IRB and CR-DOC operations.

### **A1.2000 Biostatistics, Epidemiology, and Research Design**

The infrastructure to ensure sound and ethical study design is a key priority of the CCTS. Faculty from core academic disciplines in biostatistics, epidemiology, clinical bioethics, patient's rights, and statistics serve the study design and data analysis needs of CCTS investigators through consultation, protocol review, and data management and analysis. Individualized consultation during the protocol development process allows investigators early access to expertise with study design. The Biostatistics, Epidemiology, and Research Design unit within the CCTS also provides ad hoc reviewers to the Scientific Review Committee in the CR-DOC to support high quality scientific review outcomes. This unit provides a cost-effective support for study-specific data collection, management, and dissemination as well as assistance in developing research data management plans to meet the needs of each project, from instrument design, data capture, and database design to analysis of the dataset. Collectively, these services contribute to quality study design and enhanced investigator expertise.

### **A1.2025 Regulatory Support and Research Ethics**

The Regulatory Support and Research Ethics unit within the CCTS was designed to provide enhanced levels of "researcher-focused" support for regulatory compliance, management, and oversight. Program faculty assist investigators and study personnel in maintaining high levels of regulatory knowledge. Through this unit, the CCTS offers an integrated program of training on regulatory and research integrity topics, investigator mentoring, regulatory support to CCTS community partners, research subject advocacy, data safety and monitoring, and quality assurance and quality improvement services. The Regulatory Unit within the CR-DOC functions under the oversight of the Regulatory Support and Research Ethics component of the CCTS.

A Quality Assurance Plan is under development to assure subject safety and regulatory and fiscal compliance. QA/QI facilitators will provide structured assessment activities: on-site review, investigator self-assessment tools, and unit and program review. Review results will be used to develop comprehensive QI initiatives to be implemented within the CR-DOC and at community sites.

With assistance from both the Regulatory Support and Research Ethics unit and the ORI, a Regional IRB Consortium has been established to focus on the challenges and opportunities inherent in off-site and multi-site research. The consortium has been tasked with sharing IRB resources and expertise, assessing the feasibility of developing regional IRB application

documents, standardizing IRB policies and investigator training requirements, and developing mechanisms for coordination of multiple IRBs in the state-wide region.

### **A1.2050 VETERANS AFFAIRS MEDICAL CENTER RESEARCH AND DEVELOPMENT COMMITTEE**

As a teaching facility affiliated with the UK Colleges of Medicine and Dentistry, the Lexington Veterans Affairs Medical Center (VAMC) coordinates closely with UK in ensuring human research protections. The VAMC Research and Development Committee serves the VAMC in an advisory capacity in the development and operation of the research program. Among broad functions designed to ensure the high quality of the facility's program are specific responsibilities for evaluating the quality, design, desirability, and feasibility of each new research and development proposal, continuing research or development project, application for funding, or other activity to assure maintenance of high scientific standards and protection of human subjects.

Through a memorandum of understanding, the UK Medical IRB reviews Lexington VAMC research involving human subjects. All proposals submitted for VAMC or extra-VAMC research funds which involve human subjects must satisfy the regulations of both institutions and comply with the relevant legal and regulatory requirement of the VA, DHHS, and of other governmental agencies. The decisions of the UK IRB are binding on the VAMC, as they are for UK. The VAMC Associate Chief of Staff for Research and Development or designee serves as a non-voting *ex officio* member of the UK Medical IRB and provides the IRB with recommendations during the review of VAMC protocols. The VA Research Compliance Officer conducts ongoing quality assurance initiatives and also serves as *ex officio* member of the UK Medical IRBs. VA employees also serve as members of the UK Medical IRB.

### **A1.2100 INSTITUTIONAL RESOURCES**

Allocation of institutional resources to support effective functioning of the UK HRPP is the responsibility of the VPR. The ORI assesses the needs of the IRB and its support infrastructure on a continual basis. The ORI submits requests to the VPR for budgetary support and resource allocation to meet the needs identified during regular review of the volume and nature of the research being conducted and the protocols being reviewed by the IRB.

The VPR receives and processes requests for overload payments for IRB chairs of the Medical and Nonmedical IRB committees, the costs of meals for IRB members and staff during meetings, travel and other professional development costs for IRB members to attend professional meetings, and any additional special project needs.

In addition, various units reporting to the VPR provide the resources necessary to support IRB operations. Administrative and Fiscal Affairs (AFA) provides budget support for ORI personnel salaries and fringe benefits, communications costs, copying, and selected office and supply expenses. The Office of Research Information Services (Research IS) handles requests for computer and technology resources to support the IRB and ORI staff. The VAMC provides travel support for ORI staff members to attend professional meetings. The ORI budget covers additional basic operating costs including education for ORI staff, supplies, office furniture, education materials, and selected equipment.

**A1.2150 Administrative and Fiscal Affairs: Budget Process**

Administrative and Fiscal Affairs (AFA) is a support unit directly responsible to the VPR, which provides executive management and general administrative and support services for all units assigned to the VPR. Specific responsibilities are to initiate, coordinate, and manage fiscal activities associated with UK Research including human resource services, budget processes, equipment and resource allocation and inventory, and capital planning and space allocation.

AFA carries out all UK budgetary policies and procedures following general University procedures with The Board of Trustees having the ultimate and exclusive authority for the approval of all budgets (Administrative Regulation AR 1:4 Planning, Budgeting, and Assessment Cycle). The ORI and the IRB, through the ORI, receive budget support primarily from research support funds.

**A1.2200 Office of Research Information Services**

The Office of Research Information Services supports the computing and networking infrastructure for all units responsible to the VPR, including support of the Medical and Nonmedical IRB committees. The specific responsibility with regard to the HRPP is to respond to ORI requests for IRB and ORI computing resources to support the review process. These include IRB application system needs analysis and enhancement, equipment procurement and installation, user support, and communication of institutional policies on information technology use. In addition, the Director of Research IS or designee works closely with the ORI in ongoing systems enhancements to facilitate efficient data management and documentation of all HRPP records. The Director, with input from the IRB and ORI, makes recommendations to the VPR on systems development, and serves as a liaison between the UK HRPP and any consultants contracted to develop technology infrastructure supporting research review.

**A1.2250 PLANS TO MAXIMIZE COMPLIANCE WITH THE HUMAN RESEARCH PROTECTION PROGRAM**

UK is committed to continuous improvement in its human research protections and to ensuring compliance with the regulations, policies, procedures and standards that are the foundation for the plan. The UK research enterprise is a dynamic component of the institution. Research growth fluctuations, shifting research focuses, and changes in federal regulation are critical factors that mandate provisions to monitor the volume and nature of human research conducted at UK in order to assure that the HRPP is functioning effectively. UK has instituted additional provisions to assess and facilitate compliance with the HRPP on an ongoing basis to assist units and personnel engaged in human research protections. These include education programs, quality assurance/improvement programs and procedures, and established mechanisms for obtaining feedback from diverse constituents in the human research program.

**A1.2300 Education Initiatives**

The foundation for the effective implementation of all facets of the HRPP and for efforts to promote compliance with HRPP requirements lies in a comprehensive mandatory education program for investigators/study personnel, IRB members, administrators, and research support staff. The ORI and CCTS conduct ongoing education programs and maintain training materials on the ethical conduct of human research within federal, state, and institutional regulations and

requirements. In addition, the ORI documents completion of training for investigators conducting human research. Specific University requirements call for all study personnel involved in human research to complete one of the following two training courses: *Collaborative Investigator Training Initiative (CITI)* or *Protecting Study Volunteers in Research (Dunn & Chadwick)*. Both are available through the ORI and include web-based testing to document successful completion of training. In order to continue human research activities, study personnel must complete continuing education every three years. Personnel may choose from a number of web-based training options or attendance at a human research protection conference such as UK's annual regional HRP conference. UK also requires training for investigators who assume the sponsor role for a FDA regulated research study. Web-based modules and exam are maintained by ORI to ensure and document that the sponsor-investigator is informed regarding additional regulatory and institutional responsibilities.

Additional training falling under the purview of Corporate Compliance and the Committee on Safety and Environmental Health and its subcommittees is also mandatory for investigators.

### **A1.2350 Quality Improvement Program**

The ORI and the UK IRB provide a Quality Improvement Program to strengthen human research protections at UK and to demonstrate UK's commitment to continuous improvement in compliance. The QIP Coordinator evaluates human research protections at varying levels (e.g., federal, state, institutional, and Good Clinical Practice); increases awareness of existing processes, operating procedures, and educational programs; and acquires information necessary to enhance protections. Components of the program focus on educating UK investigators on the mechanisms by which human subjects are protected and regular assessment of current HRPP practices in relation to AAHRPP standards. QIP components present the opportunity for researchers, ORI staff, and IRB members to continually improve human research protections performance and excel beyond federal and state standards for protections.

The QIP provides useful information for identifying educational/training initiatives for researchers and their staff, ORI staff, and IRB members. The QIP also plays a significant role in preparing the AAHRPP application and annual reports and in assessment of the UK HRPP as required by AAHRPP standards.

The QIP consists of three main components which examine the entire research process and may focus on the researcher, the IRB's review process, the IRB records maintained by the ORI, and/or the HRPP as a whole.

Directed on-site reviews are initiated by IRB or ORI request due to unusual circumstances or significant risks to subjects, routine failure of an investigator to comply with federal and/or institutional requirements, allegations or concerns about the conduct of the study brought to the IRB's attention, or any case requiring further scrutiny, as deemed appropriate by the IRB.

Principal Investigator Self-assessment reviews are voluntarily performed by the investigator or his/her study personnel. However, the IRB or the ORI may also directly invite an investigator to perform a self-assessment review. The ORI provides a web-based self-assessment form (also available electronically or in paper copy) to be completed by the investigator and/or study personnel.

Administrative assessment reviews are conducted at the discretion of the QIP Coordinator, the ORI Director and/or the VPR. The QIP Coordinator shares the results of administrative assessments with the ORI Director. The results may impact current practices and may require additional educational activities for ORI staff and IRB members.

Administrative assessments may include but are not limited to:

- A thorough examination of the IRB records for improvement of management or to evaluate the procedures applied and/or issues addressed by the ORI staff and the IRB for protection of human subjects in research;
- At least annually, dissemination of an IRB Performance Evaluation Questionnaire to select individuals to assess representation of appropriate knowledge, skills, and abilities respective to IRB member, IRB Chair, and IRB Vice Chair roles;
- Periodic outreach evaluation concentrating on the quantity and nature of information available to research subjects through the ORI web site (i.e., enabled by analysis of compiled monthly web page “visitor” reports);
- *Program Assessment for Accreditation*, a significant component in support of maintaining AAHRPP accreditation, focuses on maintenance of applicable documentation representing current policy and procedures; utilization of the AAHRPP Self-Evaluation Instrument; and evaluation of current HRPP practices to ensure appropriate fulfillment of accreditation standards.

The ORI Research Education Specialist develops educational programs/announcements for investigators, their research staff, ORI staff, and IRB members based on the results of the QIP reviews. If/when findings from QIP reviews are reported to the IRB, the IRB determines whether to report the findings to the FDA, OHRP, the study sponsor, the VPR, or other internal departmental faculty/staff.

#### **A1.2400 Institutional Program Review and Assessment**

The IRB, ORI, OSPA, and the OSPA Conflict of Interest administrator all have roles in conducting annual and ongoing program review and assessment. Information provided in the Annual Report of unit activity for the fiscal year links closely to the budget process and provides the basis for VPR assessments of HRPP needs to ensure that sufficient resources are available to support effective functioning of the HRPP. The ORI conducts program assessment and review of HRPP administration and also communicates new regulatory policy to the University community through formalized programs of education and development of pertinent education materials. Standard operating procedures maintained by the ORI on behalf of the HRPP delineate specific responsibilities for development, review, and revision of policies and procedures related to research review and the HRPP.

#### **A1.2450 Suggestions, Comments, Questions, Complaints, and Concerns with the Human Research Protection Program**

The ORI, in accordance with the VPR’s commitment to continuous improvement in institutional HRPP policies, practices and procedures, has established a formal process to register suggestions, questions, comments, problems, concerns, obtain information, or offer input regarding the HRPP, the ORI and/or the IRB administrative procedures. Any individual may file suggestions, questions, complaints, or concerns regarding the HRPP, ORI, and IRB

administrative procedures with the ORI Director, who evaluates and investigates the concerns raised and determines what actions, if any, should be taken by the ORI and/or the IRB to address the issue. The ORI Director is responsible for resolving issues raised as quickly, fairly, and amicably as possible through cooperative exchange of information with pertinent units and personnel involved in the UK HRPP. The Director forwards suggestions or concerns about ORI and IRB administrative procedures that are not resolved at the level of the Director to the VPR, who shall be the final deciding authority.

#### **A1.2500 Suggestions, Concerns, and Questions on Rights, Safety, and Welfare of Subjects Participating in Specific Studies and/or Allegations of Noncompliance**

It is ORI and IRB policy to provide a safe, confidential, and reliable channel for current, prospective, or past research subjects or their designated representatives to discuss problems, concerns, and questions; obtain information; or offer input with an informed individual who is unaffiliated with a specific research protocol. Each IRB-approved informed consent document includes the ORI Research Compliance Officer's toll-free phone number (1-866-400-9428) as a subject's primary contact point for this purpose. The ORI and IRB monitor any concerns/complaints that are received for issues of noncompliance. Issues involving noncompliance are brought to the attention of the IRB Chair, the IRB, and the ORI Director. The procedure for handling noncompliance is outlined in the "Noncompliance" SOP.

10-22-09

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