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IRB ADVISOR

Your Practical Guide To Institutional Review Board Management

INSIDE

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PREMIER ISSUE

VOL. 1, NO. 1 (pages 1-12)

Sweeping changes coming to human research field: Are you ready?

National Bioethics Advisory Commission's report set to debut

For IRB administrators and researchers, only one thing is certain for the immediate future: change, dramatic change. The National Bioethics Advisory Commission (NBAC) and other groups have come out with sweeping recommendations. One of the most controversial — and potentially life-changing for anyone involved with an IRB — is the creation of a single, independent federal office to lead and coordinate the oversight system for all human research: the National Office of Human Research Oversight (NOHRO).

"The current oversight system is difficult to maneuver through. There's no single entity in charge with any clear authority, and NOHRO would provide for a single mechanism where IRBs could get definitive answers," **Eric M. Meslin**, PhD, executive director of the NBAC. Individual federal agency roles under the proposed structure would still need to be defined, he notes.

The NBAC put polishing touches on its highly anticipated report on human research ethics at its 47th meeting March 15-16 in Atlanta. Included in the 296-page report are 17 recommendations specifically for local oversight systems, which, if enacted, will streamline the behemoth known as IRB management.

The report, titled *Ethical and Policy Issues in Research Involving Human Participants*, is slated to be finalized in May. "Our goal is to have the report sent to President Bush by July," adds Meslin.

"We're here to provide a basic groundwork for the people out there doing research because it's not the same field as it was 10 years ago. Now, people are too afraid to do anything, and they're looking for this kind of guidance," says **David R. Cox**, MD, PhD, scientific director of Perlegen Sciences in Santa Clara, CA, and a member of the NBAC.

One recommendation that is receiving broad support, however, is the recommendation that systematic changes would outline when trials would require administrative vs. full board review. **(For a list of**

recommendations addressing local oversight, see pages 3-4.)

The NBAC report also encourages Congress to pass legislation mandating that all research involving human participants be covered by federal regulations, regardless of the funding source.

On the heels of other criticism

The NBAC is not alone in its critical assessment of the way IRBs operate in today's health care setting. A team of researchers from Duke University in Durham, NC, also suggest that the current system is in need of reform.[1]

The researchers assembled the Duke Working Group on Monitoring Clinical Trials in May 2000 to specifically address adverse event reporting and the interactions among various parties during multicenter clinical trials. Clinical trials have moved beyond single institution settings to industrywide efforts involving multiple sites, and as a result, those individual IRBs are ill-equipped to accurately evaluate the information, some of which is potentially critical, contained in adverse events reports, says **Michael A. Morse**, MD, professor of medical oncology and transplantation in the department of medicine at Duke.

IRBs may only have access to data from trials in which they have authority, and often lack statistical and clinical expertise of the information to assess the overall safety and benefits, notes Morse.

The Duke Working Group suggests IRBs should play three major roles in a multicenter trial:

- review and approve a plan for monitoring the study;
- certify that the investigators understand the regulations governing patient safety;
- review data monitoring committee reports and query investigators as needed.

So what can IRB administrators, members, and researchers expect when the final report's recommendations reach them this spring? "How this agency would work with the existing agencies, such as OHRP, would be confusing at first," says **Alan Sugar**, MD, professor of medicine at Boston University School of Medicine.

Many organizations already are on record in opposition of a new, independent federal office. The Association of American Medical Colleges (AAMC) in Washington, DC, for example, opposes the creation of NOHRO. AAMC represents the medical schools, more than 400 teaching hospitals, and academic societies nationally.

In a letter to the NBAC, **Jordan J. Cohen**, MD, writes, "we believe it would be undesirable and unwise at this time to establish a new, independent, single federal office to lead and coordinate the oversight system for all human research."

President Clinton established the NBAC in October 1995 as a result of a previous committee's investigation into federally funded research involving human subjects and radioactive materials. That committee's findings in regards to protecting research participants reported "serious deficiencies in parts of the current system," including the following:

- variability of the quality of IRBs;
- confusion among human participants as to whether they were involved in research or therapy;
- insufficient attention paid to the consent process for participants with diminished decision-making capacity.

The NBAC makes recommendations now to the Bush administration and will expire in October. One of its first priorities was to examine the system for protecting human research participants.

The NBAC unanimously resolved in 1997 that "no person in the United States should be enrolled in research without the twin protections of informed consent by an authorized person and independent review of the risks and benefits of the research."

In 1998, NBAC indicated areas of concern and preliminary findings regarding the oversight of human research in the United States.

The key concerns identified were:

- Federal protections for persons serving as subjects in research do not yet extend to all Americans.
- Despite widespread implementation of federal regulations by those departments and agencies sponsoring substantial amounts of biomedical research, a number of departments and agencies who sponsor primarily nonbiomedical

COMING IN FUTURE MONTHS

- Establishing a sound conflict-of-interest policy
- How to investigate and monitor research noncompliance
- Enhancing web-based educational efforts for researchers
- Meeting 101: Keep them on time and on track
- The final word from OHRP about financial relationships

Summary of Recommendations

These draft recommendations will be finalized at the next National Bioethics Advisory Commission meeting in May in Washington, D.C.

Recommendation 4.1: All institutions and sponsors engaged in research involving human participants should provide access to educational programs on research ethics to appropriate institutional officials, investigators, IRB members and IRB staff. Colleges and universities should include research ethics in curricula related to conducting research. Professional societies should encourage, as appropriate, graduate and professional schools to include research ethics as part of the curriculum and should include research ethics in their programs of continuing education.

Recommendation 4.2: The National Office of Human Research Oversight (NOHRO), in consultation and partnership with academic and research organizations, should mount new efforts to enhance the teaching of research ethics related to protection of human research participants. NOHRO should consult with professional societies in the social sciences, humanities, public health, and clinical sciences so that educational programs are designed to meet the needs of all who conduct research. In particular, NOHRO should make educational materials and programs available to institutions and stimulate the development of innovative educational programs aimed at improving the design, review and conduct of research protocols involving human participants.

Recommendation 4.3: As appropriate, all investigators and IRB members and staff should be certified in order to conduct or review research involving human participants. The NOHRO should encourage organizations, sponsors, and institutions to develop certification programs. Various levels and types of certification for IRB members and staff and investigators should be explored. NOHRO should set standards for determining whether institutions and sponsors have an effective process of certification in place.

Recommendation 4.4: Sponsors, institutions, and IRBs should be accredited in order to conduct or review research involving human participants. The NOHRO should encourage organizations to develop accreditation programs designed to ensure that institutions conducting or reviewing human participants research have in place appropriate mechanisms to carry out ethically sound research. NOHRO should require accrediting bodies to use a uniform set of standards and develop procedures for monitoring accrediting bodies and the effectiveness of accreditation.

Recommendation 4.5: In order to reduce unnecessary burden on agencies and institutions, issuance of assurances of compliance should be centralized and handled by the NOHRO. The assurance process should be modified to serve two purposes: to reflect the broad obligation taken on by the institution and be a mechanism for registering institutions and IRBs. Assurances should not be duplicative of an accreditation program for institutions and IRBs (see recommendation 4.4).

Recommendation 4.6: Institutions should develop internal mechanisms to ensure IRB compliance and to ensure investigator compliance with regulations, guidance, and institutional procedures. Mechanisms should be put in place for reporting non-compliance to all relevant parties.

Recommendation 4.7: The NOHRO should issue guidance defining conflicts of interests and ways to ensure that these conflicts do not subject research participants to any unnecessary risk.

Recommendation 4.8: Sponsors and institutions should develop policies and mechanisms to define and manage all types of conflicts of interests but especially financial conflicts. In particular, such policies should require disclosure of financial conflicts of interests to institutions, IRBs, and participants. Policies also should describe specific types of relationships that should be prohibited. Institutions should continue to work with professional societies and sponsors to clarify other investigator and institutional conflicts of interests and to develop mechanisms for managing such conflicts through education and oversight.

Recommendation 4.9: The NOHRO should issue regulations setting minimum percentage requirements for IRB membership composition and quorum determination for members who 1) are not otherwise affiliated with the institution and 2) whose primary concerns are in non-scientific areas. At least 25% of the IRB members should be otherwise not affiliated with the institution and at least 25% of the IRB members should be non-scientists. If an individual is both a non-scientist and otherwise not affiliated with the institution, that person should be permitted to fulfill both membership requirements.

Recommendation 4.10: The NOHRO should issue guidance relating to the selection of members on IRBs. Expertise and experience of IRB members should be appropriate for the types of research reviewed by the IRB. IRBs that review behavioral and social science or

(Continued on page 4)

historical research should have behavioral and social scientists or historians as members of the IRB.

Recommendation 4.11: The NOHRO, in consultation with sponsors, should issue guidance describing the various types of monitoring and defining the roles of institutions and sponsors in monitoring the progress of ongoing research.

Recommendation 4.12: The NOHRO should issue regulations describing requirements for continuing review of ongoing research. Continuing review should not be required for research studies involving no more than minimal risk, research involving the use of existing data, or research in the data analysis phase when there is no additional contact with participants. When continuing review is not required, other monitoring mechanisms should be in place for assessing compliance of investigators and for reporting of changes or unanticipated problems encountered in the research.

Recommendation 4.13: The NOHRO should issue guidance regarding the types of changes to approved protocols that must be reported to IRBs and the types of changes that do not need to be reported to IRBs; the types of protocol amendments eligible for administrative IRB review and the types that must be reviewed by the full IRB. NOHRO should issue guidance regarding the types of unanticipated problems that must be reported, how they should be handled by an IRB, and under what circumstances and to whom unanticipated problems should be reported to federal agencies.

Recommendation 4.14: The NOHRO and all relevant federal agencies should work together to develop a uniform system for reporting and evaluating adverse events occurring in research. As part of the system:

1. One set of regulations should be issued with supporting guidance that describes the process for reporting of adverse events in all research studies. Roles of investigators and sponsors in reporting adverse events should be clarified.
2. The roles of IRBs, data safety monitoring boards, and the relevant federal agencies in receiving and responding to adverse event reports of various types should be clarified and the activities of these bodies should be coordinated, particularly for serious adverse events that occur in clinical trials.
3. NOHRO, in conjunction with the relevant federal agencies, should address mechanisms for reporting and evaluating adverse events in multisite clinical trials especially to ensure that all serious adverse events are reported appropriately.
4. The reporting mechanisms should require reporting of adverse events in a manner that addresses concerns of sponsors about the confidentiality of proprietary information but does not compromise the protection of research participants.

Recommendation 4.15: To avoid duplicative IRB review of multisite research studies, alternative models of review are needed that ensure the protection of research participants and at the same time reduce both the work burden on IRBs and the unnecessary time delay and costs associated with multiple reviews of the same protocol. Institutions and sponsors with approval from the NOHRO should test and evaluate the various models for effective and efficient review of multisite research studies.

Recommendation 4.16: The NOHRO should issue regulations requiring all research involving human participants to be reviewed by an accredited IRB prior to initiation (see recommendation 4.4). For single site research, institutions should be able to sue the designated IRB. In order to move in the direction of avoiding duplicative IRB review for multisite research, regulations should be issued that are permissive of a central or lead IRB review. For example, rather than requiring all cooperative institutions engaged in research to review the research, regulations should state that only one accredited IRB review and approval is required and allow institutions to rely upon the review by another accredited IRB if they so choose. In such cases, the reviewing IRB should be designated as the IRB of record.

Recommendation 4.17: Congress should pass legislation establishing an administrative system that promptly and easily provides compensation for medical and rehabilitation costs caused by research participation. As part of a compensation system, information should be collected to support accurate projections of the resources needed for the compensation system.

Source: National Bioethics Advisory Commission. *Ethical and Policy Issues in Research Involving Human Participants*, Chapter Four: The Local Oversight System: Institutions and IRBs. Washington, DC; March 2, 2001.

research or little research overall have failed to fully implement these federal protections.

• Federal protections do not always include specific provisions for especially vulnerable populations of research subjects.

• Many federal agencies find the interpretation and implementation of the Common Rule confusing and/or unnecessarily burdensome.

• Federal protections are difficult to enforce and improve effectively throughout the federal

government because no single authority or office oversees research protections across all government agencies and departments.

• New techniques are needed to ensure implementation at the local level.

The report addresses the basic purpose, structure, and implementation of research oversight, says Meslin. "We recommend broad, strategic changes to the oversight system. This report is not intended to be a rewrite of federal regulations, but instead to provide the guidance, direction, and justification for change."

Reference

1. Morse M, Califf R, Sugarman J. Monitoring and ensuring safety during clinical research. *JAMA* 2001;285:1201-1205.

[*Editor's note: To download a copy of the draft report,* Ethical and Policy Issues in Research Involving Human Participants, *go to the NBAC Web site: http://bioethics.gov/human/humanpdf_toc.html. Files are downloaded in portable document files, and requires the Adobe Acrobat Reader software.*] ■

Preparation and patience is new job mantra

IRB administrators need thick skin for tough jobs

Aside from the daily challenges of identifying and resolving potential problems, part of your job description requires you to prepare for big changes to the research field.

Caught between the pharmaceutical companies with millions of research dollars and a public clamoring for new cures, IRBs find themselves attempting to create harmony between researchers and patients while appeasing governmental watchdogs.

Administrators put in the middle

In light of the challenges of appeasing several interests, IRB administrators can survive. Here are some suggestions on preparing for change:

• **Play mediator in the debate until the dust settles over which group is responsible for the problems.** Researchers and federal regulators alike contend there are several problems accounting for patients "slipping through the cracks" of IRB monitoring, but both sides disagree over who's to blame.

Researchers at the University of Colorado Health Sciences Center in Denver contend the problems are associated with the rapid increase of multicenter clinical trials as a dominant form of clinical research.[1] Local IRBs were not designed to handle the initial evaluation and ongoing review required by the increasing number of multicenter trials, they suggest.

Regulatory actions, for example, increased threefold in 1998 and 1999, according to the researchers. Most notable were the actions taken against IRBs in academic medical centers. Only one was taken in 1997, but there were 14 in 1999, they note.

The difficulties facing IRBs can be attributed to "low-yield, time-consuming tasks that dissipate their energies. Those and other factors are eroding the motivation of academics to serve as IRB members,"counters **Robert J. Levine**, MD, professor of medicine at Yale University School of Medicine in New Haven, CT. Levine's editorial countering the findings of the University of Colorado researchers appeared in the same issue of the *Annals of Internal Medicine*.[2]

Levine suggests IRBs should be re-evaluated and their charges restated. He would add high-quality education as a priority for IRB staff and their members. He also calls for an accreditation and certification system.

• **Stay abreast of regulatory changes so you'll know who you report to.** Last year's announcement by the U.S. Department of Health and Human Services (HHS) to move the primary oversight body from a lesser known position to one of higher prominence was considered by many to be a knee-jerk reaction to high-profile genetic therapy research taking place across the country.

The unfortunate death of Jesse Gelsinger in an experimental genetic therapy trial in September 1999 proved to be the straw that broke the camel's back for human subject research, opponents argued. As a result, the Clinton administration responded with a regulatory change in who IRBs report to, and are subsequently monitored by.

In June, 2000, previous HHS Secretary Donna Shalala announced the Office of Protection from Research Risks (OPRR), hidden among various agencies and offices within the National Institutes of Health, would be moved to the Secretary's office and given a new name. **(For a list of**

responsibilities of the new office, see below.)

The former agency is now christened the Office for Human Research Protections (OHRP), and includes several new policy changes:

— **Register your IRB with the OHRP.** All IRBs engaged in human subject research must register with OHRP using a new form and new registration process. **(See the registration form inserted in this issue and the OHRP registration checklist, p. 7.)** Previous registrations under the system established by OPRR are no longer valid.

The initial phase of implementing a new, simplified process of registering an IRB is expected to last three months. Eventually, OHRP will make any necessary changes to the registration process based on comments and suggestions from the implementation phase. An interactive, on-line version will take the place of the existing paper-based method, but entities without Internet access may continue to file paper-based registrations.

— **File a federalwide assurance (FWA) for your IRB.** Each legally separate institution must file an FWA with OHRP. Any registered IRB can be designated under an institution's FWA, however, as long as the IRB agrees to the designation and satisfies the guidelines for knowledge of the local research context.

By filing an FWA, domestic IRBs are stating the human protections administrator (the contact person working on a daily basis) and IRB chairperson have completed the OHRP basic educational module or training certified to OHRP by the institution as equal to the OHRP module. Additionally, all researchers, members, and staff of the IRB must complete a training program before research can begin. Staff who sign the FWA are known as institutional signatory officials by the OHRP.

Multiple project assurances, cooperative project agreements, and single project assurance will continue to remain in effect until their expiration date or Dec. 31, 2003, whichever comes first. **(See the registration form inserted in this issue and the OHRP checklist, p. 8.)**

Accreditation to follow

• **Start preparing now for peer review and voluntary accreditation.** The Association for the Accreditation of Human Research Protection Programs was established in March 2000 to develop an accreditation system for human research protection programs. **(For more on the accreditation system, see related story, p. 9.)**

While several organizations already offer certification programs for IRB administrators, no such accreditation program exists for the entire IRB monitoring program. The Applied Research Ethics National Association (ARENA) in Boston offered its first certification exam for IRB professionals in 2000 and awarded the CIP [certified institutional professional] designation to more than 100 professionals. An additional certification is offered through the Atlanta-based National Association of IRB Managers.

Despite the tumultuous changes taking place in human research protection, there is an even greater need for IRB administrators now more

Responsibilities of the OHRP

1. Developing and monitoring as well as exercising compliance oversight relative to the Department of Health and Human Services (HHS) regulations for the protection of human subjects in research conducted or supported by any component of HHS.
2. Coordinating appropriate HHS regulations, policies, and procedures both within HHS and in coordination with other departments and agencies in the federal government.
3. Establishing criteria for and negotiation of assurances of compliance with institutions engaged in HHS-conducted or supported research involving human subjects.
4. Conducting programs of clarification and guidance for both the federal and nonfederal sectors with respect to the involvement of humans in research; and directing the development and implementation of educational and instructional programs and generating educational resource materials.
5. Evaluating the effectiveness of HHS policies and programs for the protection of human subjects.
6. Serving as liaison to presidential, departmental, congressional, interagency, and nongovernmental commissions and boards established to examine ethical issues in medicine and research and exercises leadership in identifying and addressing such ethical issues.
7. Promoting the development of approaches to avoid unwarranted risks to humans participating as subjects in research covered by applicable statutes and regulations.

Source: 65 *Fed Reg* 37,137 (June 13, 2000).

than ever. Primarily, IRB administrators are needed to educate, says Levine.

Violations in research ethics generally are caused by lack of awareness rather than malice, notes **Cynthia McGuire Dunn**, MD, director of the clinical research institute and assistant professor of medicine at the University of Rochester (NY) School of Medicine and Dentistry. The importance for training for researchers cannot be over stressed, she notes.

"If all researchers were well-versed in ethics and complied with regulations, institutional review boards and other oversight mechanisms would not be as necessary."

References

1. Burman W, Reves R, Cohn D, et al. Breaking the camel's back: Multicenter clinical trials and local institutional review boards. *Ann Intern Med* 2001; 134:152-157.
2. Levine R. Institutional review boards: A crisis in confidence. *Ann Intern Med* 2001; 134:161-163.

[Editor's note: The Council for Certification of IRB Professionals administers the ARENA certification exam through the Professional Testing Corporation. Applications are due Sept. 1, 2001 for the Oct. 20, 2001 examination. Additional dates for the examination are available through special testing centers for an additional fee. The examination for ARENA members costs $300. Nonmembers: $400. The special testing center fee is $150. For more information concerning the examination, contact Professional Testing Corporation, 1350 Broadway, 17th Floor, New York, NY 10018. Telephone: (212) 356-0660. Web: www.ptcny.com/programs.html.

For information concerning the CIM (certified institutional manager) credential, contact the National Association of IRB Managers, P.O. Box 640006, Atlanta, GA 30364-0006. Telephone: (404) 766-9890. Fax: (404) 768-0140. Web: www.naim.org.] ■

How to register your IRB using the new process

1. Go to the Office for Human Research Protections (OHRP) IRB registration link on the OHRP Web site, or use the form provided in this issue: **http://ohrp.osophs.dhhs.gov/humansubjects/assurance/regirbi.htm**.
2. Download the form onto your computer, complete, and forward the registration form to the OHRP offices through one of the following means:
   Regular mail:
   OHRP — IRB Registration
   6100 Executive Blvd #3B01
   Rockville, MD 20892-7507
   Express delivery:
   OHRP — IRB Registration
   6100 Executive Blvd #3B01
   Rockville, MD 20852
   Fax: (301) 402-0527
3. Check the OHRP registration listings on the Web site in three to five days and verify that processing of your registration is complete: http://ohrp.osophs.dhhs. gov/polasur.htm#LST
4. Update your information as changes occur or once every 36 months — even if there are no changes — to maintain an active IRB registration on file.

During the three-month implementation phase, OHRP will accept comments and suggestions about the registration process and filing assurances. Based on the feedback, an on-line version of the submission process will be launched to provide instantaneous updating of materials.

If you have any questions or need additional information, please call (301) 496-7005.

Source: Office for Human Research Protections, Rockville, MD.

Don't get accused of wrongdoing in tough times

Vigilance still needed to monitor studies

By **Alan Sugar**, MD
Professor of Medicine
Boston University School of Medicine
Consulting Editor

It took a report from the U.S. Department of Health and Human Services' Office of the Inspector General[1] to focus attention on an important but long-neglected aspect of the system to protect human subjects who participate in clinical studies. This was followed by a series of actions by the Office of Protection from Research Risks (OPRR) that resulted in the closing of research programs at a number of prestigious academic medical centers.

Numerous articles in the lay press sensationalized

the current state of affairs in research oversight, and the death of a subject enrolled in a gene therapy study in Philadelphia seemed to encompass much of what is wrong with our current system of research oversight. Hardly a day now passes without some news reflecting deliberations of committees or new accusations of "wrongdoing" in the name of science.

In the midst of the sensationalism, IRBs must continue to fulfill their responsibilities to review and monitor clinical studies despite new obstacles. For example, the appearance of a new agency, the Office for Human Research Protections (OHRP), created an increased level of government scrutiny. The agency's new director, Greg Koski, PhD, MD, presumably will bring new interpretations to existing regulations and a new implementation of their mission.

Currently, the National Bioethics Advisory Commission (NBAC), the Institute of Medicine, and other organizations are holding meetings designed to address a variety of issues relevant to the oversight of clinical research in the United States, including the structure and function of the IRB. In fact, an analysis of the recent meeting of the NBAC on its report on human research protection is included in this issue.

No doubt, recommendations derived from these deliberations will appear over the next several months. Your job as an IRB administrator is to ensure your IRB is in a position to quickly embrace the changes in mission, if any, and how your board conducts business.

It is more important than ever for IRB administrators and members to recognize what efforts are under way to modify the current oversight system and to stay abreast of the changes that may soon be proposed and implemented.

Fortunately, a number of web sites make this possible, such as the OHRP web page and the NBAC web page. **(See editor's note for addresses.)**

The purpose of *IRB Advisor* is to help you with the task of keeping up to date, provide you with information vital to your work, and provide expert commentary on the developments that affect human research subject protection. We encourage our readers to communicate directly with us and to share your thoughts as we enter this exciting but rapidly changing era in the history of human subject protections.

How to file a FWA using the new system

Any institution is eligible to file a federalwide assurance (FWA) with the Office for Human Research Protections (OHRP). Each legally separate institution must now obtain an FWA. IRBs currently designated only under Cooperative Protocol Agreements or Single Protocol Agreements will have to submit registration materials through the new system.

Joint Assurances and Interinstitutional Amendments have been eliminated.

Remember, after Feb. 28, 2001, OHRP will no longer routinely accept assurances limited to Health and Human Services-supported research, to special categories of research, or to individual research projects.

1. First, complete an IRB registration with OHRP **(see box, p. 7).**
2. Go to the OHRP FWA link on the OHRP Web site, or use the form provided in this issue: **http://ohrp.osophs.gov/humansubjects/assurance/filasuri.htm.**
3. Download the form onto your computer, complete, and forward the registration form to the OHRP offices through one of the mailing addresses listed in the checklist on p. 7.
4. Update your information as changes occur or once every 36 months — even if there are no changes — to maintain an active FWA on file.

If you have any questions or need additional information, please call (301) 496-7005.

During the three-month implementation phase, OHRP will accept comments and suggestions about the registration process and filing assurances. Based on the feedback, an on-line version of the submission process will be launched to provide instantaneous updating of materials.

Source: Office for Human Research Protections, Rockville, MD.

Reference

1. Office of Inspector General. *Institutional Review Boards: A System in Jeopardy*. Washington, DC; March 1998.

[Editor's note: Access the Office for Human Research Protections on the Internet at: http:// ohrp.osophs.dhhs.gov. Access the National Bioethics Advisory Commission on at www. bioethics.gov.] ■

How to leap the accreditation hurdle

'Job is no place for someone with no training'

You've sent in your OHRP registration, gotten your federalwide assurance out of the way, and just passed the certification exam — now you've got what it takes to run a top-notch IRB.

Think again — there's one more hurdle to jump, but experts say it could put you miles ahead of the pack if you prepare now. The question is, just which organization will get to serve as an accrediting body?

The Boston-based Association for the Accreditation of Human Research Protection Programs (AAHRPP), an organization formed out of the Public Responsibility in Medicine & Research (PRIM&R) was created last March in an effort to promote "best practices" among IRBs.

But it's one of several groups vying to serve as an accreditor for IRBs. Other players include the National Committee for Quality Assurance (NCQA), the Association of American Medical Colleges, and the Institute of Medicine, all located in Washington, DC. **(For more on the IOM accreditation efforts, see p. 10.)**

NCQA, the accrediting organization for managed care organizations, currently is developing accreditation standards for the IRBs within the Veterans Affairs health system's 151 research facilities. Pilot testing of the accreditation process is scheduled to begin in March and last through June 2001.

Perhaps the best solution is for the IRB community to develop best practices and have a federal regulatory oversight to eliminate any apparent conflicts of interest, says **Robert M. "Skip" Nelson**, MD, PhD, associate professor of anesthesia and pediatrics at The Children's Hospital of Philadelphia.

As for accreditation, Nelson supports it, and suggests incorporating the accreditation requirement into good clinical practice guidelines.

Specifically, AAHRPP will "provide a process of voluntary peer review and education among organizations concerned with research involving human subjects, in order to promote preservation of the rights and welfare of subjects in research and compliance with relevant regulatory and ethical standards."

When completed, human research protection programs will first use the performance standards to self-assess their programs, then AAHRPP reviewers will use them during site-visit assessments, says **Sanford Chodosh**, MD, president of PRIM&R and professor of medicine at Boston University School of Medicine.

Here's the four-step development process for the AAHRPP performance standards:

1. Development (including pilot testing and revising) of performance standards to be used in the self-assessment and in the peer review site visit.
2. Recruitment and training of site visitors.
3. Gathering of demographic and program information on the human research protection programs to be assessed.
4. Identification and cataloging of educational materials. The performance standards and "best practices," combined with on-site reviews focusing on education, will encourage institutions to achieve a high level of performance beyond the minimal adherence to federal requirements, and will thereby foster a program of continuing quality improvement.

The standards will provide goals for targeted educational intervention in deficient areas through self-assessment, outside reviewers, or both. In addition, standards will be categorized according to general or narrow applicability and whether they are federal requirement level or above and beyond federal requirement level.

Consensus agrees they are needed

The general consensus among IRB administrators is that accreditation is a needed step in the evolution of the field. Accreditation "assures that all of the IRB administrators in the group are professionals and specialists in their field," says **Leilani S. Price**, PhD, IRB administrator at Santa Barbara, CA-based Cottage Health System.

Accreditation, Price adds, creates a minimum criteria for knowledge level and ensures IRB administrators are familiar with the knowledge. And the standards should be developed from the professional organization, not the government, she says. "This job is currently so complicated, it is no place for someone who has no training in the field."

Some IRB administrators would like to see accreditation taken further. "Should accreditation be mandatory, it should be mandatory for all studies, not just those that are federally sponsored," says **Laurie Landrum**, RN, MSA, CCRC,

clinical trials compliance coordinator at the Medical College of Georgia in Augusta. Further, accreditation standards should meet the requirements for all involved regulatory bodies, such as the Office for Human Research Protections and the Office of Research Integrity, she says.

Landrum adds that any proposed accreditation process should not hamper the research process itself or be too restrictive. "I am leery of implementing an accreditation process similar to the Joint Commission [on Accreditation of Healthcare Organizations]. Having been through several Joint Commission reviews, I feel that the review process does not achieve the goal and is an inefficient use of valuable resources," she explains.

One area still unresolved is measuring performance against the standards, says Nelson. "The key question is how one measures IRB performance in association with those standards. On this, the draft guidelines are silent." ■

Fast-track committee studies protection criteria

The Board on Health Sciences Policy of the Institute of Medicine (IOM) also is examining the current level of evaluation criteria for human research protection programs.

At the behest of the U.S. Department of Health and Human Services and several of its agencies, the IOM last year created the *Committee on Assessing the System for Protecting Human Research Subjects.*

The two-year study has a six-month fast-track component specifically to address the first of three items:

- accreditation standards for human research review programs.

The second phase will extend the investigation of the first item into the second and third:

- the overall structure and functioning of human subject protection activities, including, but not restricted to IRBs;
- criteria for evaluating the performance of human subject protection activities.

A public forum was held this past January to gain feedback on the draft accreditation standards proposed by the Association for the Accreditation of Human Research Protection Programs and the accreditation efforts of the National Committee for Quality Assurance.

IRB Advisor will continue to update readers on the actions of the IOM committee. ■

Need More Information?

Committee on Assessing the System for Protecting Human Research Subjects, Attn: Laura Lyman Rodriguez, MD, Board on Health Sciences Policy, The National Academies, 2101 Constitution Ave. N.W., FO-3108,Washington, DC 20418.

Community IRB members can play vital role

Above all, treat them with respect

Ever asked the community members of your IRB whether they feel a part of the committee's actions?

Chances are, they will recite a line more common to Rodney Dangerfield: "I don't get no respect."

That doesn't have to be the case, say IRB administrators who make an effort at including the community members. In fact, cultivating the relationship with community members could reap rewards down the line, they add.

Surprisingly, you can accomplish this without the biggest motivator: money. "Virtually all of my members are community members. We don't pay them anything, but they know they are needed," says **Leilani S. Price**, PhD, IRB administrator at Cottage Health System in Santa Barbara, CA.

Price works as the sole IRB employee in a community hospital. "It's probably different at universities and other locations where many of the members are on staff." To help community members feel like they are part of the committee, Price keeps them well-informed with educational mailings and relevant articles before the meeting date. "Often, the information in the packet is intriguing enough to have members attend, even those who don't need to be there," she adds.

Get creative with recruitment

Not all nonmedical members have to be a committee member's aunt living down the street. Look for community members who already have

an interest in facets of research or education. "One place you could consider when looking for nonaffiliated members is patient advocacy groups. Many times, these organizations have members who are very familiar with the clinical trials process, and a number of them have been treated in a clinical trial," suggests **Erica Heath**, CIP, president of IRC in San Francisco.

Patient advocacy groups with likely local chapters include:

- American Association of Kidney Patients — Tampa, FL;
- American Cancer Society — Atlanta;
- Center for Patient Advocacy — Arlington, VA;
- Colon Cancer Alliance — New York City;
- National Alliance for Research on Schizophrenia and Depression — Great Neck, NY;
- Patient Advocacy Coalition — Denver;
- Susan G. Komen Breast Cancer Foundation — Dallas;
- Us Too! (for prostate cancer patients) — Downer's Grove, IL.

"They make sharp, dedicated members," adds Heath. "Another place is the local school district. We've found that high school teachers have a fine appreciation about what is meant by an eighth-grade reading level."

Teach them their roles

Education is indeed an important aspect of nurturing the community IRB member relationship, adds **Laurie Landrum**, RN, MSA, CCRC, clinical trials compliance coordinator at the Medical College of Georgia in Augusta. "Educate them so they feel included and understand what they are supposed to do. I've found that they aren't sure who they are supposed to protect and what they should be looking for when evaluating a study."

For smaller hospitals, like Cottage Health System, community members may comprise even more of the membership of the IRB. Therefore, the community members' participation is even more important. "They know they are needed because they are the committee. Without them, we have no quorum and cannot hold the meeting," notes Price.

So how many community members should you have? That all depends on your situation, say those interviewed by *IRB Advisor*. "You need to have enough community members to matter," advises **Jeremy Sugarman**, MD, MPH, MA, director of the Center for the Study of Medical Ethics and Humanities at Duke University Medical Center in Durham, NC.

Federal regulations leave room for interpretation by stating the IRB committee must be comprised of five members with one being nonmedical. "Many IRBs are much larger than that minimum, and my suspicion is that 20% community member representation might accurately reflect their interests," adds Sugarman.

Perks go a long way

And once you've gotten the community members, how do you keep them? "If you can't pay them a stipend, then perks are a nice touch," suggests Landrum. "Things like gift baskets, gift certificates, or even a plaque with their name on it are all good incentives."

But even less expensive perks work well too,

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Editorial Questions

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Call **Kevin New** at (404) 262-5467.

she adds. "You can provide meals at meetings or validate their parking." Keeping the meeting operating smoothly and ending on time also helps, adds Landrum.

"Cover what is important, be on time and respectful of each other's time; and if they sincerely feel that they know why they are there, are appreciated and shown respect, then they probably would be of great service."

VA to research Parkinson's

Six new clinical centers dedicated to researching Parkinson's disease will be opened by the U.S. Department of Veterans Affairs (VA).

Secretary of Veterans Affairs Anthony Principi made the announcement in February. The Parkinson's Disease Research, Education, and Clinical centers will be located in Houston, Philadelphia, San Francisco, Los Angeles, Portland, OR, and Richmond, VA. Each center will conduct research in biomedicine, rehabilitation, health services delivery, and clinical trials. One study will involve assessing the surgical implementation of deep brain stimulators in reducing the symptoms associated with Parkinson's.

"I believe the overwhelming response the VA received to this proposal from its research and clinical community reflects its need to provide hope to the 20,000 veterans they treat each year with this condition," says Rep. **Lane Evans** (D-IL), himself a veteran with the disease. ■

• **National Human Research Protections Advisory Committee meeting — April 9-10, 2001.** The National Human Research Protections Advisory Committee meetings address a wide spectrum of issues regarding research involving human subjects. These meetings are scheduled quarterly. For more information, contact: Kate-Louise Gottfried, JD, MSPH, Executive Director, Office for Human Research Protections, Office of Public Health and Science, OS, 6100 Executive Blvd., Room 3B01, MSC 7507, Rockville, MD 20892-7507. Telephone: (301) 496-7005. E-mail: kg123a@nih.gov.

• **FDA and OHRP GCP and Human Research Protections Policies, Regulations, and Guidelines for Clinical Research Professionals Workshop — April 23-24, 2001.** Washington, DC. Sponsored by Society of Clinical Research Associates. For more information, contact: Cheryl Jacobs, St. Jude Children's Research Hospital, 501 St. Jude Place, Memphis, TN 38105. Telephone: (901) 522-9733. Toll-free: (800) 877-5833.

• **Current Human Research Issues & Solutions: Regulatory Overview — June 21-22, 2001.** Charleston, SC. An Office for Human Research Protection Workshop will be presented at the Medical University of South Carolina. For more information, contact: Darlene Marie Ross, Education Coordinator, Office for Human Research Protections, 6100 Executive Blvd., Suite 3B01, MSC 7507, Rockville, MD 20892-7507. Telephone: (301) 435-5648. Fax: (301) 402-4256. E-mail: dr20a@nih.gov. ■

☐ **New Filing** ☐ **Update for IORG Identifier:**

Department of Health and Human Services
Institutional Review Board / Independent Ethics Committee Registration

(1) Organization Operating the IRB(s) to be Registered:

Name of Organization:

City: State (if USA): Zip Code (if USA):

Country (if outside USA):

(2) Head Official of Organization Operating the IRB(s) to be Registered:

First Name: Middle Initial: Last Name:

Degrees or Suffix (e.g., MD, PhD): Organizational Title:

Telephone: FAX: E-Mail:

Mailing Address:

Street Address (if different from Mailing Address above):

City: State (if USA): Zip Code (if USA):

Country (if outside USA)

(3) Name, Title and Telephone Number of Person Providing This Information:

(4) Number of IRBs to be Registered:

Please provide the information in 4(a) through 4(d) for <u>each</u> IRB to be registered.

<u>IRB #1</u> *(provide for each IRB to be registered)*

(a) IRB Name (e.g., Eastern Review Services IRB #1):
IRB Identifier *(if update)*:

(b) Please provide the following (<u>optional</u>) information about <u>this IRB only</u>.

(1) If the IRB or its parent organization is Accredited by a recognized Human Subject Protection Accrediting Organization, please identify the Accrediting Organization:

(2) Approximate total number of currently active protocols: ☐ *none = 0* ☐ *small = 1-25* ☐ *medium = 26-99* ☐ *large = 100 or more*

(3) Approximate number of full time positions devoted to this IRB's administrative activities:

(4) Does the IRB review, or intend to review, research supported by the US Govt?

☐ *Yes* ☐ *No*

(5) Approximate number of currently active protocols supported by HHS
(eg, NIH, CDC, SAMHSA, AHRQ, HCFA): ☐ *none = 0* ☐ *small = 1-25*
☐ *medium = 26-99* ☐ *large = 100 or more*

(6) Approximate number of currently active protocols supported by other Federal Agencies
(eg, DoD, DoE, ED, EPA, DoJ): ☐ *none = 0* ☐ *small = 1-25*
☐ *medium = 26-99* ☐ *large = 100 or more*

(7) Does the IRB review, or intend to review, FDA-regulated research? ☐ *Yes* ☐ *No*

(8) Approximate number of currently active protocols involving FDA-regulated products:
☐ *none = 0* ☐ *small = 1-25*
☐ *medium = 26-99* ☐ *large = 100 or more*

(9) Currently active FDA-regulated protocols involve *(check all that apply):*
☐ human drugs ☐ food additives
☐ medical devices ☐ color additives
☐ biological products ☐ other

(c) IRB Chairperson

First Name: Middle Initial: Last Name:

Degrees or Suffix (e.g., MD, PhD): Organizational Title:

Telephone: FAX: E-Mail:

Mailing Address:

Street Address (if different from Mailing Address above):

City: State (if USA): Zip Code (if USA):

Country (if outside USA)

(d) The following information is required for IRBs designated under OHRP Assurances. This information is optional for other IRBs.

Last Name	First Name & Middle Initial	Gender Male/Female	Affiliated* Yes/No	Status** PS/OS/NS/SS
IRB Chairperson				
Voting Members				
Alternate Members***				

*** Affiliated**: Please indicate whether or not each individual is affiliated (other than as an IRB member) with the entity conducting the research or operating the IRB.

Yes = The IRB member is affiliated with the entity conducting the research or operating the IRB

No = Other than as an IRB member, the individual is not affiliated with the entity conducting the research or operating the IRB.

**** Status:** Choose one of the following for each member or alternate:

PS = Physician-Scientist
OS = Other Scientist
NS = Non-Scientist
SS = Social Behavioral Scientist

NOTE: Any individual who has had substantive training or experience in a scientific discipline or in the scientific method should be considered a scientist. In addition, the IRB must have members with sufficient knowledge of the specific scientific discipline(s) relevant to the research that it reviews.

***** Alternate Members**: An alternate member may vote only when a regular voting member is absent. The appointment of alternate member(s) should be based on expertise similar to that of the absent regular member(s).

Please provide the information in items (4a) thru (4d) for each IRB to be registered

☐ **New Filing** ☐ **Update for Assurance Identifier:**

Department of Health and Human Services
Federalwide Assurance of Protection for Human Subjects

(1) Institution Name:

City: State: (if USA) Country: (if outside USA):

HHS Institution Profile File (IPF) code, if known:

Federal Entity Identity Identification Number (EIN), if known:

assures that all of its activities related to human subject research, regardless of funding source, will be guided by the ethical principles in the following document. (*indicate below*)

☐ **Domestic Institutions:** (*choose one*) ☐ ***The Belmont Report*** ☐ ***Other*** *(please submit copy to OHRP with this Assurance)*

☐ **International Institutions:** (*choose one*) ☐ ***The Declaration of Helsinki*** ☐ ***The Belmont Report*** ☐ ***Other*** *(please submit copy to OHRP with this Assurance)*

(2) This institution assures that all of its activities related to Federally-supported human subject research will comply with the following procedural standards. (*indicate below*)

☐ **Domestic Institutions**: ☐ **45 CFR 46 as Stipulated in the Terms of Assurance for Protection of Human Subjects Within the United States,** provided on this date at the OHRP website.

☐ ***Other*** *(please submit copy to OHRP with this Assurance)*

(please check one of the following)

☐ This institution elects to assure compliance with the Terms of Assurance for all of its human subject research, regardless of funding source.

☐ This institution assures compliance with the Terms of Assurance only for Federally-supported research.

☐ **International Institutions:** **Terms of Assurance for Protection of Human Subjects Outside the United States** as provided on this date at the OHRP website and in the standards indicated below.

(please check one of the following)

☐ 45 CFR 46, 21 CFR 50, and 21 CFR 56 ☐ ICH-GCP-E6 Sections 1 through 4

☐ Canadian Tri-Council Policy ☐ Indian Council of Medical Research

☐ CIOMS International Ethical Guidelines

☐ Other *(please submit copy to OHRP with this Assurance)*

(3) Institutional Components

List below all components of the institution that may operate under a different name [e.g., All Saints Medical Center is comprised of All Saints Hospital, St. Mary's Children's Hospital, St. Mathias Psychiatric Hospital, and St. Paul's Rehabilitation Center]. Also list any alternate names under which the institution may operate. The institution should have available, for review upon OHRP request, a brief description and line diagram explaining the interrelationships among the Assurance Signatory Official, the IRB, IRB support staff, and investigators in the various components.

NOTE: The Signatory Official signing this Assurance must be legally authorized to represent the named institution and all components listed here. Entities that the Signatory Official is not legally authorized to represent may not be listed here without the prior approval of OHRP.

G Please check here if there are no such components or alternate names.

Name of Component	City	State (or Country if Outside US)

(4) Operations, Procedures, and Oversight Mechanisms (a, b, c, e = optional)

(a) Institutional procedures for protecting human subjects were last updated on: *(date)*

(b) These procedures include formal mechanisms for monitoring compliance with human subject protection requirements. ☐**Yes** ☐**No**

(c) The institution has established continuing programs to educate IRB members, IRB staff, and research investigators about human subject protection requirements. ☐**Yes** ☐**No**

(d) For Domestic Institutions, the Signatory Official, Human Protections Administrator, and IRB Chairpersons of all designated IRBs have completed the relevant OHRP modules(s), and other staff are appropriately trained. For International Institutions, relevant personnel are required to complete appropriate comparable training. ☐**Yes** ☐**No**

(e) Number of full time positions devoted solely to human subject education activities:

(f) If this Assurance replaces an MPA or CPA, please provide the "M" or "T" number:

(5) Designation of Institutional Review Boards (IRBs) or Independent Ethics Committees (IECs)

This institution designates the following IRB(s) for review of research on a regular basis* under this Assurance *(if the IRB is not previously registered with HHS or has not provided a membership roster to HHS, please attach the necessary materials available elsewhere on this website).*

* Institutions may, on an occasional or ad hoc basis, choose to rely on an IRB operating under another Institution's Assurance. Such occasional reliance must be documented in writing and provided to OHRP upon request, but need not be listed below. OHRP's sample IRB Authorization Agreement may be used for this purpose, or the institutions may develop their own agreement.

HHS IRB Registration Identifier	Name of IRB As Registered with HHS	Name and Signature of IRB Chairperson or IRB Organization Head Authorizing Designation of the IRB Under This Assurance

(6) Human Protections Administrator (e.g., Human Subjects Administrator or Human Subjects Contact Person -- cannot be IRB Chairperson):

First Name: Middle Initial: Last Name:

Degrees or Suffix (e.g., MD, PhD) Institutional Title:

Human subject protection training last taken on *(date)*

Telephone: FAX: E-Mail:

Address:

City: State (if USA): Zip Code (if USA):

Country (if outside USA):

(7) Signatory Official (i.e., Official Legally Authorized to Represent the Institution -- cannot be IRB Chairperson or IRB member):

Acting officially and in an authorized capacity on behalf of this institution, I assure protections for human subjects as specified above. The IRBs above are designated to provide oversight for research under this Assurance. These IRBs will comply with the terms of the Assurance and possess appropriate knowledge of the local context in which this institution's research will be conducted.

All information provided with this Assurance is up-to-date and accurate. I have personally satisfied the education requirements referenced in the Terms of Assurance and will require that all other relevant personnel also do so. I will further require that all such personnel receive appropriate additional initial and

continuing education about human subject protection requirements. *(Note: False statements could be cause for invalidating this Assurance and may lead to administrative or legal action.)*

I understand that all collaborating institutions engaged in Federally-supported human subject research must submit their own Assurance.

Signature _____ Date: _____

First Name Middle Initial: Last Name:

Degrees or Suffix (e.g., MD, PhD) Institutional Title:

Human subject protection training last taken on: (date)

Telephone: FAX: E-Mail:

Address:

City: State (if USA): Zip Code (if USA):

Country (if outside USA):

NOTE: Facilities operated by the US Government may require Department or Agency clearance. Please contact the relevant Department or Agency Human Protections Officer before forwarding to OHRP.

(8) HHS Approval

The Federalwide Assurance of Protection for Human Subjects submitted to HHS by the above institution is hereby approved for the conduct of Federally-supported research.

Signature of HHS Approving Official: Date:

Assurance Identifier: