CHAPTER 2

MAKEUP AND MANAGEMENT OF THE IRB

The Adventist HealthCare Institutional Review Board (AHC IRB) is charged with protecting the rights and welfare of human subjects participating in research studies at Adventist HealthCare facilities. The IRB is responsible for reviewing, approving and monitoring research involving human subjects to ensure that all research complies with the letter and spirit of the human subject protections laws and regulations.

I. IRB MEMBERSHIP

A. Number of IRB Members

The IRB must have at least five members, and the members must have the appropriate backgrounds and expertise to provide a complete and thorough review of research activities (as discussed further below).

B. Qualifications of IRB Members

The IRB membership must be sufficiently qualified to carry out the obligations of the IRB and promote respect for its decisions and to be able to determine the acceptability of proposed research in terms of institutional commitments, regulations, applicable law, and standards of professional conduct and practice. In addition to the above, IRB members must:

1. be committed to the institutional goals for human research protections;
2. understand the time commitment and workload involved in serving on the IRB;
3. possess good communication skills and be willing to communicate with investigators; and
4. demonstrate, when applicable, appropriate clinical expertise and/or research experience.

C. Composition and Diversity of the IRB

The composition of the IRB must be adequate in light of the anticipated scope and complexity of the research activities conducted by Adventist HealthCare facilities and the types of subject populations likely to be involved in the research. The IRB must include at least one member whose primary interests are in a scientific area, one member whose primary interests are in a non-scientific area and one member who is not affiliated with Adventist HealthCare. The same individual may fill both the non-scientist and non-affiliated member requirements. A non-affiliated member is usually from the local community, who has no ties and who has no direct family members with ties to the institution. At least once a year, the IRB Administrator will check on the current status of each non-affiliated member. If a member's status has changed, then the change will be reported to the IRB via a revision to the IRB roster. Every non-discriminatory effort will be made to ensure that the IRB is diverse (including consideration of race, gender and cultural background and sensitivity to such issues as community attitudes).

If the IRB regularly reviews research that involves a vulnerable category of subjects, such as children, pregnant women, prisoners or mentally disabled persons, the IRB will make reasonable efforts to include one or more IRB members who are knowledgeable and experienced in working with these subjects. See Chapter 6 of the IRB Handbook for additional information on vulnerable subjects. If the IRB reviews research involving prisoners, federal regulations require that at least one member of the IRB must be a prisoner or a prisoner representative with appropriate background and experience to serve in that capacity.

D. Appointment of IRB Members

1. Term of Appointment

IRB members (including the Co-Chairs) are appointed for three-year terms. There is no limit on the number of terms an IRB member may serve. No individual may serve as an IRB member until satisfying the educational requirements set forth at Section II.C of this Chapter.

2. Appointments

All interested parties — including current IRB members, hospital department chairs, and Chief of the Medical Staff — are encouraged to recommend individuals to serve as IRB members to the IRB Administrator, the IRB Chairs, or the Medical Staff Committees of the respective hospitals and to provide relevant information appropriate to the approval process. When an individual is nominated or when an individual expresses interest in serving on the IRB, a copy of the individual's Curriculum Vitae (CV) will be requested. The nominee's CV and any relevant correspondence will be reviewed by the IRB Chair and the IRB Administrator. The nominee's CV will be presented to the IRB for an appointment vote. Once all educational requirements are met, an appointment letter will be issued. Prospective members are expected to serve at least one three-year term.

Appointments are made by the IRB and are documented in the IRB minutes.

The Human Research Protection Quality Committee reviews IRB membership at least on a yearly basis, and confirms all changes to the IRB membership roster.

E. Resignation and Removal of IRB Members

A member may resign his/her position with proper notice to the IRB Chair and/or IRB Administrative staff. The vacancy will be filled as quickly as possible. Members of the IRB may be removed from the IRB by the Chief Quality and Integrity Officer upon recommendation of the IRB. Grounds for removal include failure to attend IRB meetings on a regular basis without reasonable cause, or inability to perform the functions of an IRB member. The IRB Chair shall transmit a request for removal to the Chief Quality and Integrity Officer, along with a recommendation for a replacement, if possible.

F. Leave of Absence

Members of the IRB may request a leave of absence from their service on the IRB. A leave of absence may not be granted for a period of time greater than one consecutive year. The IRB member shall make a request to the IRB Chair or IRB Administrator for a leave of absence in writing. If recommended by the IRB, the IRB Chair shall consult with the Chief Quality and Integrity Officer and/or Medical Staff office and request that a temporary replacement be named. Temporary replacements must meet all nomination requirements described in Section D.2 above, will be nominated by the IRB and undergo formal confirmation.

G. Evaluations

IRB membership will be evaluated yearly, at a minimum, by the Human Research Protection Quality Committee to ensure committee composition meets with regulatory and organizational requirements. The performance of IRB members and the IRB Chairs may be evaluated annually through surveys or interviews. Evaluations for members will include measures of activity such as meeting attendance, level of participation, satisfactory completion of training requirements and knowledge of the IRB/Human Research Protection Program policies and procedures. Evaluations of the Chairs' performance will be based on personal interactions, leadership ability, meeting management, effectiveness as representatives of the IRB, and evaluations by IRB members and IRB staff.

H. Alternate IRB Members

Each IRB may designate one or more alternate members to replace regular IRB members who are, on occasion, unable to attend convened meetings of the IRB. Alternate members must be listed on the IRB's official membership roster and must specify which member or members the alternate is qualified to replace. The background of an alternate member should be similar to the member he or she is replacing (or he or she should be able to represent similar interests). Although an alternate may be qualified to replace more than one regular member, only one such member may be represented by the alternate at any convened meeting. If both the alternate and the member attend a meeting, only one of these two individuals may vote. When an alternate member substitutes for a regular IRB member, the alternate member will receive and review the same material that the regular member received or would have received. Representatives of the same department may share a membership in order to represent a specialty, when it would not otherwise be possible due to conflicting commitments. Meeting minutes must document when an alternate member replaces a voting member.

I. Invitees: Expert Consultants and Guests

When the IRB does not have at least one person on the IRB with the appropriate scientific expertise to conduct an in-depth review of the protocol, the IRB may request review by, or consultation with, an individual or individuals with specialized competence in areas under consideration by the IRB. These invitees may be employees or staff of Adventist HealthCare or may be unaffiliated with Adventist HealthCare.

1. Consultants

When a protocol is submitted requiring supportive information or the issue falls outside the expertise of the IRB, an individual with the relevant expertise may be identified and invited to serve in the capacity of a non-voting consultant.

Consultants are either solicited to provide an expert review of an entire protocol or a specific issue associated with a protocol.

The IRB Administrator will contact the consultant and formally request an appearance, information, or opinion for consideration for either the review of the entire protocol or a specific issue associated with the proposal.

The Adventist HealthCare Research Conflicts of Interest policy, Research Conflict of Interest Disclosure Statement and Confidentiality Statement will be shared with the consultant. Consultants must comply with the Adventist HealthCare Research Conflicts of Interest policy. Consultants who have a conflicting interest or whose spouses or immediate family members have a conflict of interest in the research will not be invited to provide consultation.

It will be determined whether the consultant has a conflicting interest prior to the review of the protocol. The consultant's completed Research Conflict of Interest Disclosure Statement will be reviewed by the IRB Chair and the IRB Administrator. If a conflict is not present, the consultant will be presented with all of the relevant protocol materials necessary in sufficient time for review. A timeline for the consultation should be included, so that the consultant will have enough time before the scheduled IRB meeting.

If a consultant requests contact with the sponsor or investigator for more information, this may be accomplished via a conference call with the consultant, the sponsor and/or investigator, the IRB Chair and/or IRB Administrator. There should not be individual contact by the consultant.

Consultants may present their assessments in writing or in person, but may not vote (and will not be present for the IRB's vote). The IRB may take the advice of the consultant into consideration when voting on any matter before the Board.

Consultants may be compensated for services furnished to the IRB.

2. Guests

A guest is an individual, with no voting authority, who is invited or would like to attend the IRB meeting to witness IRB proceedings. The guest may be an individual who is directly or indirectly affected by the outcomes of the IRB's decision. Guests, such as research team members, may have a vested interest in the outcome of the IRB review. When an issue arises or a proposal is submitted requiring additional support, the IRB may identify and invite an individual to provide information or make a guest appearance to facilitate the IRB decision-making process. Guests may present their opinion in writing or in person, but may not vote (and will not be present for the IRB's discussion and vote). The IRB may take the advice of the guest into consideration when voting on any matter before the Board. For example, the IRB will invite research team members, such as the Principal Investigator, to present a brief protocol summary to the IRB and answer all IRB questions regarding a submission. The IRB will also invite prospective IRB members to observe IRB meetings as guests.

Guests who are not research team members will be required to sign a Confidentiality Statement. If appropriate and needed, these guests will be provided relevant meetings materials.

J. Legal Liability of IRB Members

Adventist HealthCare shall, to the maximum extent permitted by law, indemnify each of the current and past IRB members, including non-affiliated members, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with any proceedings arising from the fact that such person is or was a member of the IRB; provided that the IRB Board member acted within the scope of his or her duties, in good faith and in a manner reasonably believed to be in the best interests of the Adventist HealthCare.

II. IRB MEMBER DUTIES

A. Duties of IRB Members

IRB members are responsible for ensuring that the rights and welfare of research subjects are protected by reviewing and approving human research in a manner consistent with federal regulations, state and local laws, and institutional guidelines and policies. Among other things, IRB members are expected to examine the recruitment procedures, the informed consent process (including the informed consent form) and the risks and potential benefits to subjects outlined in each protocol. The IRB has the authority to approve, require modification to, or disapprove proposed human subject research and has the responsibility and authority to suspend or revoke approval of ongoing research if necessary (see Chapter 4 **"**Criteria for IRB Review" for more information).

B. Duties of the IRB Chairs

In addition to the duties shared by other IRB members, the IRB Chairs direct the IRB meetings in accordance with institutional and federal requirements. The Chairs work closely with IRB members and administrators, as well as hospital officials and researchers, to ensure that the rights and welfare of research subjects are protected. The Chairs also serve as the principal signatory officials for IRB correspondence; however, he or she may designate other IRB members or administrative staff to sign select IRB documents. Importantly, the Chairs are responsible for conducting expedited reviews, reviewing serious adverse events, and reviewing materials submitted for the emergency use of investigational drugs, devices or biologics (see Chapter 8 "IRB Management of Food and Drug Administration Regulated Research"). The Chairs may delegate a responsibility or responsibilities to any IRB member as he or she deems appropriate. See Section IV.E below for more information.

C. Educational Requirements

Prior to appointment to the IRB, each member will either receive a hardcopy of the Adventist HealthCare IRB Operating Policies and Procedures Handbook ("IRB Handbook") or be made aware of the electronic version of the IRB Handbook that is present on the Adventist HealthCare intranet and/or extranet. Members must review the IRB Handbook to familiarize themselves with IRB policies and applicable law and regulations. The IRB Chair and/or an IRB

Administrative Staff member may also help orient each member through one-on-one meetings to discuss IRB policies and regulations, and member responsibilities.

Additionally, each IRB member (including alternates) must complete the web-based modules designated for IRB members available through the Collaborative Institutional Training Initiative (CITI) website (www.citiprogram.org) for certification in human research protection training. Please refer to the IRB Policy on Human Research Protection Training for more information.

Ongoing training in ethics and regulatory compliance will be incorporated into scheduled IRB meetings; additional training seminars may be held as needed. These sessions are designed to ensure that all members have sufficient background and awareness of trends in both the principles of and regulations for protecting human research subjects. Copies or notifications of new or revised policies, procedures and other pertinent documents will be shared with IRB members as they are revised and/or issued.

D. Confidentiality Statement

IRB members are required to sign a Confidentiality Statement, and must agree not to discuss, disclose, or reproduce any confidential IRB information, except as necessary to carry out IRB membership responsibilities or as required by law.

III. IRB MANAGEMENT

Adventist HealthCare will provide staffing, office space, equipment and other supplies and services reasonable and necessary for the effective administration of the IRB program. The IRB Administrator serves as the main link between the IRB and researchers and their teams. The IRB Administrative staff duties include:

- directing and overseeing IRB support functions and operations;
- implementing procedures to effect efficient document flow and maintenance of all IRB records;
- maintaining the official roster of IRB members and promptly reporting changes to OHRP;
- reviewing consent forms to ensure compliance with regulatory requirements;
- maintaining the IRB's registration and the institution's Federal Wide Assurance with OHRP;
- maintaining IRB documentation and records in accordance with regulatory requirements;
- assisting new IRB members in completing orientation procedures and meeting required educational standards;
- facilitating communication between investigators and the IRB;
- tracking the progress of each research protocol submitted to the IRB;
- generating correspondence with investigators;
- compiling the minutes of IRB meetings in compliance with regulatory requirements;

- scheduling IRB meetings and distributing meeting materials to IRB members;
- serving as a resource for investigators on general regulatory information and providing guidance about forms and submission procedures;
- ensuring that all IRB records are secured and properly archived;
- maintaining training documentation and reference materials related to human subject protection requirements;
- maintaining and updating the IRB policies and procedures manual and IRB forms;
- drafting reports and correspondence directed to research facility officials, federal officials, and others on behalf of the IRB or IRB Chairs;
- assisting in evaluating, auditing, and monitoring of human subject research as directed by the IRB; and
- assisting with inspections/site visits.

IV. IRB MEETINGS – PROCEDURAL ISSUES

A. Meetings

Convened IRB meetings include discussions of new protocols, continuing review applications, amendments to approved projects, reviews of adverse events, unanticipated problems and compliance issues. The IRB also may discuss new regulatory developments, ethical issues and national trends in the field of human subject research. Prior to each meeting, the IRB Administrative staff will provide an agenda for the meeting along with copies of the appropriate materials or the location of a secure computer site at which the materials can be read and/or downloaded. It is expected that each member will read the assigned materials prior to the scheduled meeting.

The IRB holds meetings every month at a regular time and date. The meeting schedule will be on file with the IRB Administrative Office and is available to the community upon request. In addition to the scheduled monthly meetings, the IRB Chairs may call additional meetings and the IRB may convene at additional times as necessary.

Whenever possible, IRB meetings are conducted with all participating members physically present. However, circumstances sometimes warrant attendance by some IRB members via telephone or video conference call. A member only may participate via conference call if he or she receives all pertinent materials prior to the meeting and he or she is able to actively participate in the discussion of the protocols (e.g., each member can hear and be heard by all other participating members).

Minutes will be taken at all convened IRB meetings, in accordance with regulatory and institutional requirements as set forth in Chapter 10 “IRB Recordkeeping and Required Documentation**.”** If a member or members participate via telephone, this fact must be reflected in the minutes. Meetings may be recorded to assist in the preparation of the minutes. An announcement will be at any meeting to be recorded to notify participants of the recording. Recordings will only be available to the IRB staff and/or members and will be deleted once the IRB approves the final minutes.

B. Attendance and Quorum Requirements

Each IRB member is expected to attend all scheduled IRB meetings. In the event that a member cannot attend, he or she must notify the IRB Administrative Office as early as possible, but preferably at least one week before the scheduled meeting so that the designated alternate member, if applicable, can be notified and have sufficient time to prepare for the meeting. A quorum requires that a majority of the voting IRB members be present. A non-scientific member must be present in order to convene the IRB meeting. Members must sign the attendance log at each meeting. If a quorum is not met, or if a quorum is lost during a meeting (e.g., due to members with conflicts of interest being recused, early departures, the loss of the non-scientific member), no action items may be undertaken unless a quorum is restored.

C. Voting

All regular IRB members (including the Chairs) have equal voting rights. IRB members are not permitted to vote by proxy. In situations when a member is not present or must be recused due to a conflict (see Section IV.F below), a designated alternate may cast a vote in place of that member. Any individuals who are not official IRB members, including guests and ad-hoc consultant experts, may not vote.

D. Primary Reviewer System

Depending on the volume of new protocols, continuing review applications, and other requests submitted to the IRB, the IRB may choose to utilize a "primary reviewer system." Under such a system, one or more IRB members ("Primary Reviewers") are tasked with the responsibility of performing an in-depth review of all documents submitted to the IRB relating to a protocol for review. The remaining IRB members must be provided with copies of the protocol for IRB review and the proposed informed consent document; complete documentation will be made available for all members to review, prior to, during and after the IRB meeting.

The Primary Reviewers will lead the discussion of the study at the scheduled convened IRB meeting. The study must be presented in sufficient detail to allow the remaining IRB members to make the necessary determinations required by the federal and state regulations. Comments from the Primary Reviewers and a summary of the IRB's discussion and decisions must be recorded in the minutes.

E. Subcommittees and Delegates

The IRB Chair may, from time to time, appoint official or ad hoc subcommittees, or ask a member of the IRB (a "delegate") to perform various duties related to the objectives and policies of the IRB, including but not limited to, the following:

1. reviewing research proposals to determine whether such proposals may be reviewed using the expedited process by an IRB delegate;

2. performing reviews using the expedited process for research proposals;

3. assisting the IRB Chair in reviewing modifications of previously approved research projects to determine whether such modifications warrant reconsideration of a project by the IRB;

4. reviewing reports of adverse and/or unanticipated problems in previously approved research projects to determine whether such developments warrant reconsideration of a project by the IRB;

5. conducting review for the emergency use of a drug, device or biologic in accordance with FDA regulations; and

6. granting final approval to IRB required research proposal revisions when the IRB has delegated that authority.

Delegates must be IRB members, either a primary member or an alternate with appropriate experience to conduct the review. If a subcommittee is used, it must be comprised of IRB members (and may include appropriate consultants). Any actions taken by a delegate or subcommittee must be reported at the next scheduled meeting of the full convened IRB. The delegate or subcommittee can request that any action be reviewed by the full IRB. Delegates or subcommittees have full range of IRB review and approval authority for protocols which are in the expedited category except that they cannot disapprove research. A research protocol must be sent to the convened IRB before it may be disapproved.

F. Conflicts of Interest of IRB Members

1. Responsibility of IRB Members

IRB members are required to file a Research Conflict of Interest Disclosure Statement on an annual basis, according to the Adventist HealthCare Research Conflicts of Interest and Disclosure Policy. All declarations of a conflict of interest will be reviewed by the Research Conflict of Interest Committee within a period not to exceed 60 days of the request being submitted by the IRB. See Adventist HealthCare Policy Manual, Research Conflicts of Interest and Disclosure Policy, AHC 4.22 for details of the process.

No IRB member may participate in the IRB review of any project in which the member has a significant conflicting interest, except to provide information requested by the IRB. An IRB member is considered to have a conflicting interest when a member has disclosed a related conflict of interest on the Research Conflict of Interest Disclosure Statement.

IRB members, including the IRB Chairs, who have a conflicting interest are required to disclose such interest and to recuse themselves from deliberations, quorum counts, and votes on the relevant protocol. Members having a conflict shall:

a. Announce the conflict and recuse themselves from participation before voting on that research protocol (but may provide information on request)

b. Leave the meeting during the discussion and the vote on any motion to approve, require changes, or disapprove the research in question. (**NOTE:** Such absences are 'recusals' and reduce the number of voting IRB members for that particular research project. The IRB must be careful to keep a quorum if votes are taken during recusals. If the quorum is lost, the protocol will be tabled. Those who recuse themselves during a meeting will be identified as doing so in the IRB meeting minutes.)

If an IRB member is unsure whether a conflict exists, he or she must disclose the potential conflict to the IRB prior to discussions pertaining to the research study. The IRB will determine if a conflict exists. The IRB member with the potential conflict must leave the room while the IRB determines if a conflict exists. Discussion of possible conflicts and any action taken, including recusal, must be recorded in the IRB meeting minutes.

When a study is reviewed under expedited review procedures, it is the responsibility of the IRB Chairs/designee to recuse her or him self from conducting the review if a conflict of interest exists.

2. Responsibility of IRB Administrative Staff

The IRB Administrative staff will include language on every IRB meeting agenda that prompts members to leave the room during the discussion and vote if they have a conflict of interest, including a financial interest, related to a study on the agenda. IRB members who are known to IRB staff to be involved in the design, conduct or reporting of a study are listed on the agenda as having a conflict of interest in the study. Any conflicts disclosed after the dissemination of the final meeting agenda shall be noted by the IRB staff and shared with the IRB at the time of the meeting.

All conflicts will be noted in the IRB meeting minutes as recusals. Where the minutes document reviews conducted using the expedited review procedure, IRB staff shall also note any conflicts of interest related to those protocols.

If the study is to be reviewed using the expedited review procedure and the IRB Chair/designee is known to the IRB staff to have a conflict of interest in the study, IRB staff will route the study to an IRB designee who does not have a conflict of interest. Any determinations made by a conflicted reviewer shall be invalid.