

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
MAIN LINE HOSPITALS INSTITUTIONAL REVIEW BOARD

Part 1**Policy No. XXV****Subject: Noncompliance****Policy Purpose**

The purpose of this policy is to establish guidelines for handling allegations of non-compliance or instances/findings of non-compliance.

Policy Statement

All personnel involved in research that is conducted within the Main Line Health System (MLH) have a responsibility to comply with federal regulations and organizational policies and procedures governing the ethical conduct of human subjects research and the determinations of the Main Line Hospitals Institutional Review Board (MLH IRB). Non-compliance may be directly identified by the MLH IRB or alleged by any source. All personnel share in the responsibility for reporting incidences of non-compliance to ensure the protection of human subjects participating in research conducted within the MLH.

I. DEFINITIONS

- a) Non-compliance refers to the failure to comply with federal, state or local laws or regulations or MLH IRB policies, procedures or requirements, governing research and the protection of human subjects.
- b) Allegation of non-compliance is a report of non-compliance from any source that has yet to be determined to be true.
- c) An incident/finding of non-compliance is non-compliance identified through means such as audit(s), sponsor monitoring, protocol deviation(s), unanticipated problem(s) involving risks to subjects or others, or through allegation(s) of non-compliance that is determined to be true. An incident/finding of non-compliance may be further categorized as serious non-compliance or minor non-compliance (does not meet the definitions of serious or continuing non-compliance).
- d) Serious non-compliance is non-compliance that increases risks to subjects, adversely affects the rights and welfare of subjects, or adversely affects the scientific integrity of the study.

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- e) Continuing non-compliance is an on-going pattern of non-compliance. Continuing non-compliance may be due to unwillingness to comply with, or lack of knowledge of, federal, state or local laws or regulations, or MLH IRB policies, procedures or requirements, governing clinical investigations and the protections of human research subjects. Examples of continuing non-compliance may include, but are not limited to: repeated failures to provide or review progress reports resulting in lapses of IRB approval, inadequate oversight of ongoing research, or failure to respond to or resolve previous allegations or findings of non-compliance. Continuing non-compliance may be further categorized as serious non-compliance.

II. PROCEDURE

A. Reporting Allegations of Non-Compliance

Reports of observed, suspected or apparent non-compliance in human subjects research may come from any source, internal or external to MLH including but not limited to, investigators, research staff, physicians, sponsors, subjects or persons not directly involved in the research.

Reports of non-compliance must contain enough detail to understand the nature of the allegation and determine if there is sufficient information and basis-in-fact to investigate. Reports are encouraged to be provided in writing but may also be provided verbally and may be anonymous or identified.

Reports of non-compliance may be made to the Director of Regulatory Affairs, Chairman of the MLH IRB, Office of Research Affairs, MLH Compliance Office, or anonymously through the MLH ComplyLine (the confidential hotline for reporting compliance concerns). Verbal reports will be received and documented by the recipient.

Allegations of non-compliance will remain confidential to the extent possible. Employees who report non-compliance in good faith are protected under the MLH Compliance – Non-retaliation (Whistleblower Protections) Policy.

Results of audits or review of on-site research records conducted by the Office of Research Affairs and the MLH Compliance Office, sponsor-monitor reports, or protocol deviations which result in an incident/finding of non-compliance should be handled as identified in Section II.C.

B. Handling Allegations of Non-Compliance

All allegations of non-compliance are to be referred to the MLH Compliance Office. The Compliance Office in coordination with the Office of Research Affairs and MLH IRB Chairman, will process all allegations of non-compliance. Allegations of non-compliance will remain confidential to the extent possible, consistent with the need to conduct an adequate investigation. Allegations of non-compliance will follow the process outlined in the MLH Compliance: ComplyLine – Internal Handling of Calls Policy when applicable.

On a timely basis, to determine if the allegation has a basis in fact, the MLH Compliance Office will undertake preliminary investigatory actions, including, but not limited to: a.) conducting an investigation or interviewing the PI and study staff, alone or in consultation with the Office of Research Affairs, the MLH IRB Chairman, or others as deemed appropriate;

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b.) appointing a sub-committee to investigate; c.) collecting and reviewing relevant documentation; d.) consulting with internal or external experts or other knowledgeable sources. The MLH Compliance Office will take reasonable steps to ensure that individuals involved in the investigation do not have a real or perceived conflict of interest.

If an allegation of non-compliance is determined to have a basis in fact, refer to Section II.C. If an allegation is not based in fact, no further action is taken under this policy. If an allegation can not be investigated adequately, for example due to insufficient detail, the investigation will be suspended until additional information is provided or discontinued when no additional information can be obtained. Results of investigations will be documented. The investigation should be completed as expeditiously as possible.

C. Handling Incidents/Findings of Non-Compliance

Non-compliance may vary in nature, severity, and frequency. Incidents/findings of non-compliance are reviewed by Office of Research Affairs and MLH IRB Chairman to make an initial assessment to determine if the report of non-compliance is minor in nature (does not meet the definitions of serious or continuing non-compliance). If it is determined that the non-compliance is minor in nature, then the process under Section II.D. is followed.

The convened MLH IRB will review reports of non-compliance which have been initially assessed by the Office of Research Affairs and the MLH IRB Chairman to be more than minor in nature. At the convened MLH IRB meeting, the MLH IRB must determine if the non-compliance reported is serious non-compliance, or continuing non-compliance. If it is determined that the non-compliance is serious or continuing non-compliance, then the process under Section II.E. is followed.

D. Handling Incidents/Findings of Non-Compliance which are Minor

If it is determined by the Office of Research Affairs and the MLH IRB Chairman that the non-compliance was minor and once recognized, the research team took the necessary corrective actions, the Principal Investigator (PI) will be notified in writing that the actions have been accepted, and no further action is required under this policy.

If it is determined by the Office of Research Affairs and the MLH IRB Chairman that the non-compliance was minor but was not recognized and the research team did not take the necessary corrective actions, Office of Research Affairs and/or MLH IRB Chairman will advise the PI and research team of the event and the necessary corrective actions. Alternatively, the Office of Research Affairs and/or MLH IRB Chairman may refer the matter to the convened IRB. In this case the process under Section II.E. may be followed or adapted as necessary.

Corrective actions may include, but are not limited to the following:

- Additional training or supervision of the PI and/or the research team;
- Require enrolled subjects to be re-consented or provided additional study information;
- Modification of the continuing review schedule;
- Modification of the auditing schedule;
- Modification of the research protocol or site specific standard operating procedure.

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Once corrective actions are determined and accepted, the PI will be notified in writing and no further action is required under this policy

E. Handling Incidents/Findings of Non-Compliance which are Serious or Continuing

The convened MLH IRB will review reports of non-compliance which are considered by the Office of Research Affairs and the MLH IRB Chairman to be possibly serious or continuing in nature. The PI will be notified in writing that the matter has been sent to the convened IRB for review. The Office of Research Affairs will provide as much information as possible related to incident/finding to all members attending the convened meeting. The information will include at a minimum, the report of incident/finding, the protocol or protocol synopsis, and the informed consent form. The MLH Compliance Office or Office of Research Affairs will present a summary of the events to date to the MLH IRB and propose an initial Plan of Correction to remedy the non-compliance.

The MLH IRB is authorized to collect additional information using a variety of methods before making a determination about whether there is non-compliance and whether it is serious or continuing, including, but not limited to: 1.) auditing or reviewing on-site research records to be conducted by, or at the direction of, the Office of Research Affairs and or/ the MLH Compliance Office; 2.) appointing a sub-committee to conduct its own investigation; or 3.) consulting with internal or external experts and other knowledgeable sources.

When the MLH IRB determines there has been serious or continuing non-compliance, the IRB will determine what actions must be taken, if any, to protect enrolled participants.

Corrective actions may include, but are not limited to, the following:

- Suspend the research;
- Terminate the research;
- Notify current participants of findings when it may relate to subjects' willingness to participate in the research;
- Provide additional information to subjects who have completed participation in the research;
- Modify the study protocol, consent form or site specific standard operating procedure;
- Require enrolled subjects to be re-consented;
- Modify the continuing review schedule;
- Modify the auditing schedule;
- Monitor the research activities;
- Monitor the consent process.

The determinations of the MLH IRB will be documented in the meeting minutes. The PI and the Institutional Official (IO) will be notified in writing of the determinations of the MLH IRB through the Office of Research Affairs. The written notice will include a request for the PI or investigator to acknowledge, in writing, the receipt of the written notice and agreement to comply with any applicable conditions described therein. The IRB letter will be sent as expeditiously as possible after the MLH IRB's determination of serious or continuing non-compliance.

The IO, or his/her designee, will report the serious or continuing non-compliance to the appropriate Main Line Health Committee(s).

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The MLH IRB and IO will report through the Office of Research Affairs unanticipated problems involving risks to subjects or others, terminations or suspensions of IRB approval and serious non-compliance or continuing non-compliance as required by Federal regulations and MLH IRB Policy. Reports will be made to the Office of Human Research Protections (OHRP), Food and Drug Administration (FDA), any sponsoring Federal Department or Agency or other sponsoring organization as applicable.

References

DHHS Regulations 45 CFR 46.103(b)(5), 45 CFR 46.113; FDA Regulations 21 CFR 56.108(b), 21 CFR 56.113.

Replaces

RESPONDING TO ALLEGATIONS OF NON-COMPLIANCE IN A CLINICAL INVESTIGATION, PART 5, Policy No. V

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