

# WAYNE STATE UNIVERSITY

## HUMAN RESEARCH PROTECTION PROGRAM (HRPP)

Wayne State University's HRPP is a comprehensive university-wide program that ensures the safe and ethical conduct of human participant research by all faculty, staff, and students of Wayne State University and its affiliates. This program includes review of proposed research by relevant oversight committees; continuing oversight for compliance with applicable regulations and policy; education and training for investigators, staff, and committee members; quality assurance; and continuing process improvement. The realization of the University's commitment to the highest human participant protection standards requires the dedication of all members of the WSU research community and University administration.

### MISSION STATEMENT

Wayne State University (WSU) is committed to the safety and protection of human participants involved in biomedical and social research at our Institution and its affiliates. WSU's Human Research Protection Program (HRPP) meets or exceeds the highest ethical standards for human research required by local, state, and federal laws and regulations. Our mission is to create an institutional culture that values integrity in the conduct of research as well as the pursuit of knowledge and innovation that provide human benefit.

In accordance with ethical principles, applicable laws and regulations, and our Federalwide Assurance, the Wayne State University's Institutional Review Board (IRB) **must approve all research involving human participants, both biomedical and social science/behavioral, before research commences.**

### AUTHORITY

WSU has established a Federalwide Assurance (FWA 00002460) through the Office of Human Research Protection (OHRP) to conduct human participant research. WSU's FWA covers all human participant research, both biomedical and behavioral, conducted at Wayne State and its affiliates, regardless of the source of funding. WSU's FWA covers faculty, employees of WSU and its affiliated institutions, students, trainees and anyone conducting such research under the auspices of WSU or its affiliates. All research carried out at WSU or its affiliates' sites by individuals not otherwise associated with WSU (e.g., an investigator from an outside institution) needs review and approval from both institutions' IRBs. Local (WSU and its affiliates) investigators who wish to use an outside IRB as the IRB of record for a particular research study must apply to the HIC for authorization to do so.

All research that meets the Department of Health and Human Services (DHHS) or the Food and Drug Administration (FDA) definition of human participant research is subject to the policies and procedures of the HRPP and review by WSU's IRB, the Human Investigation Committee (HIC).

The HIC has the authority to approve, require modification in (to secure approval), or disapprove human research activities at WSU and its affiliate institutions; to suspend or terminate approval of research not being conducted in accordance with pertinent laws, HIC requirements or University policy; and to observe, or have a third party observe, the consent process and other aspects of the conduct of the research.

## **ETHICAL PRINCIPLES, LAWS AND POLICIES**

In accordance with its dedication to the highest levels of research integrity all research at Wayne State University is conducted in compliance with the principles of the Belmont Report and other ethical codes of conduct for research, such as the Declaration of Helsinki and the Nuremberg Code. Wayne State has made a commitment to conduct *all* research, regardless of sponsorship, under these principles and all relevant local, state, federal and international regulations in order to provide the same high level of protection for all human participants.

The determination of whether research meets the definition of “human participant research” is based on the following definitions established by the Department of Health and Human Services (DHHS) and the Food and Drug Administration (FDA):

### **Human Participant:**

**DHHS:** A living individual about whom an investigator (whether professional or student) (1) conducting research obtains data through intervention or interaction with the individual, or (2) identifiable private information. Intervention includes both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject’s environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject. Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

**FDA:** In addition to the above, FDA related research must also comply with the following definition: an individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy human (individual) or a patient. For research involving medical devices, a human subject is also an individual on whose specimen an investigational device is used.

### **Research:**

**DHHS:** A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

**FDA:** Research also includes clinical investigation which is defined as “any experiment that involves a test article and one or more human subjects and that either is subject to requirements for prior submission to the Food and Drug Administration (FDA)...or is not subject to requirement for prior submission to the FDA as part of an application for a research or marketing permit.

### **Federal Regulations**

WSU complies with the Code of Federal Regulations (CFR), the Common Rule, as it applies to human participant research. These include the regulations from DHHS [45 CFR 46] and its subparts, the FDA regulations [21 CFR 50 and 56], the Veterans Administration regulations [38 CFR 46]

including subparts, and all other relevant federal regulations.

### **Health Insurance Portability Privacy Act (HIPAA)**

The HIC also serves as the HIPAA Privacy Board for all human participant research at WSU and its affiliates. It must assure that HIPAA rules and all other privacy and confidentiality regulations are met for all research conducted at WSU and its affiliates (45 CFR 46, Parts 160, 162, and 164; 38 CFR 46, Parts 160, 162, and 164).

### **State and Local Law:**

Wayne State University is committed to assuring that human participant research complies with all applicable state and local law. An attorney from WSU's Office of the General Counsel (OGC) is a full voting member of the HIC and therefore maintains updated knowledge of pertinent regulations and HIC policies. All HIC policies, and changes to policies, are reviewed by this attorney member to ensure their compliance with state and local law. New laws that require the immediate attention of the HIC are reported to the Compliance Officer and the HIC Chair, and the information is reported at the next scheduled HIC meetings. Relevant information is also disseminated to the research community by the Educational Coordinator. [45 CFR 46.116; 45 CFR 46.102; 38 CFR 46.116; 38 CFR 46.102]

## **WAYNE STATE UNIVERSITY STATUTES AND POLICY**

### **University Research Policy**

- Classified research, that is any research placed under restrictions that prevent it from being freely described and its results openly published in the traditional manner, shall be excluded. This provision may be waived in a national emergency, and then only in circumstances that require University participation. A sponsor, upon request, may have the privilege of reviewing a report of the results of an investigation prior to publication, but publication delays beyond 90 days are not acceptable (2.41.01.140).
- In all research programs accepted by the University, respect for the dignity of human beings and the humane treatment of research animals must be assured (2.41.01.150).

### **Wayne State University Policies (UP)**

- **Delegation of Authority:** The Senior Vice Presidents, Vice Presidents and Chief of Staff are hereby delegated authority to appoint persons who serve in positions designated subject to the pleasure of the president in their respective divisions and are delegated authority to subdelegate in writing to associate vice presidents, assistant vice presidents, deans and directors the approval of appointments within their respective division. All subdelegation authority designations must be in writing with notification submitted to the Senior Vice President for Finance and Administration or his/her designee. (UP 99-4 §3-2)
- **Conflict of Interest Disclosure:** Wayne State University recognizes that conflicts of interest may exist because of relationships of management personnel and members of their immediate family with external parties with which Wayne State University conducts business, and seeks to minimize them. (UP 08-01§ 1.1)

- **Investigator Disclosure:** Wayne State University is required to have a policy for the disclosure of information by faculty and staff engaged in sponsored research and procedures for institutional review of the relevance of personal outside interests to the integrity of proposed sponsored research (UP 08-02 § 1.1).

### **Administrative Policies and Procedures Manual**

- **Legal Services:** The Office of the General Counsel is responsible for all legal services required by the University and its faculty, staff, employees and students in the conduct of the University affairs (**10.4**).

## **HUMAN RESEARCH PARTICIPANT PROTECTION PROGRAM MANUAL**

The HRPP Manual describes the basic underlying principles and organizational structure of the Wayne State University Human Research Protection Program. Information concerning the Office of Research Compliance and Regulatory Affairs, the HIC, and the HIC policies and procedures are included. The manual contains all contact numbers and email addresses necessary to submit complaints, questions or comments, report issues of non-compliance or scientific misconduct or report undue influence on the IRB. The HRPP Manual is available to the research community on the websites of the Office of the Vice President for Research and the HIC, and hard copies are also available at the HIC administrative office and in the Office of Research Compliance and Regulatory Affairs.

### **HIC Oversight**

The Vice President for Research has delegated authority to the Associate Vice President for Research (AVPR) to provide oversight to the Human Investigation Committee by:

- ensuring compliance with the FWA, federal regulations, state statutes, local law, IRB decisions, institutional policies, and international ethical principles for protecting human participants in research;
- oversight of the IRB review and approval process to ensure compliance with pertinent policies and regulations;
- oversight of the educational instruction and training for IRB members, investigators, and research and administrative personnel in coordination with the Education Coordinator;
- drafting, reviewing and approving policies and procedures submitted for approval to the HIC;
- conducting institutional review of sensitive protocols that have been approved by the HI;
- overseeing random protocol reviews and for-cause audits in coordination with the Process Improvement/Compliance Coordinator;
- suspending or terminating protocols on behalf of the institution for non-compliance with the FWA or Wayne State University policies and procedures;
- notifying federal agencies and sponsors regarding compliance issues;
- instituting corrective action plans based upon audit findings;

- serving as a liaison between the University and the community at large on issues related to protecting human participants in research;
- oversight of the Financial Conflict of Interest (COI) Committee in coordination with the COI Coordinator;
- oversight of biosafety and radiation safety programs through the Office of Environmental Health and Safety, which reports to the AVPR;
- ensuring communication among all components of the human research community. This includes sitting on relevant university and affiliate committees and sharing minutes between the HIC and affiliate institutions.

## **INSTITUTIONAL AFFILIATIONS AND AGREEMENTS**

Wayne State University has a unique relationship with the Detroit Medical Center and the John D. Dingell Veterans Affairs Medical Center. The affiliation agreements between these organizations specifically state that all human research activities will be conducted under the auspices of the WSU HIC, while clinical care will be conducted under the auspices of the specific health care institutions.

### **WSU MEDICAL AFFILIATES:**

- Detroit Medical Center (Contract)
  - The hospitals of the Detroit Medical Center
    - Children’s Hospital of Michigan
    - Detroit Receiving Hospital/University Health Center
    - Harper University Hospital
    - Huron Valley-Sinai Hospital
    - Hutzel Women’s Hospital
    - Kresge Eye Institute (operating rooms)
    - Michigan Orthopedic Specialty Hospital
    - Rehabilitation Institute of Michigan
    - Sinai Grace Hospital
- John D. Dingell Veterans Affairs Medical Center (Memo of Understanding)
  - Metropolitan Detroit Research and Education Foundation

### **Overview of the Human Investigation Committee**

Wayne State University has six (6) separate committees that are constituted as IRBs, and which have oversight over all human participant research at WSU and its affiliates registered under the Wayne State FWA. There are five IRBs that review medical protocols involving adult participants (PH1, CTS1, M1, MP2, and MP4). Two of these IRB's (MP2 and MP4) are qualified to review research involving minors (individuals younger than 18 years of age). The Behavioral IRB (B3) is responsible for reviewing all behavioral and social science research in adults and minors.

Each committee that reviews John D. Dingell Veterans Administration Medical Center (VAMC) protocols maintains at least one (1) representative from the VAMC. Each committee also includes members as required by federal regulations:

- at least one member whose discipline is nonscientific;

- at least one community (unaffiliated) member;
- appropriate scientific expertise.

The IRBs have the authority and responsibility to approve, require modifications to, or disapprove all human subject research before it is initiated in order to comply with ethical principles and federal, state and local regulations and institutional policy. With the exception of exempted research, the IRBs provide continuing oversight of all human participant research, at least yearly. The IRBs have the authority to assure on an ongoing basis, that the risks of proposed research are justified by the potential benefits to the participants and to society, that the risks do not fall disproportionately on one group and that risks are minimized to the extent possible consistent with sound research design.

The IRBs are authorized to oversee the consenting process to ensure that agreement by an individual to participate in research is voluntary and knowing. Individuals who are particularly vulnerable (pregnant women, fetuses, children, prisoners, students, employees, or those whose capacity to consent may be in doubt) require additional protection during the consent process. In addition, there are designated members of the IRB committees to represent prisoners, handicapped and other vulnerable categories.

In addition to the AVPR and the HIC Chair, committees have the authority to initiate random and for-cause audits to determine compliance with the research protocol and WSU policies and procedures. They inform the Associate Vice President for Research of all suspensions, terminations and occurrences of noncompliance so that appropriate administrative action can be taken.

To prevent undue influence, the IRB acts independently of university officials or anyone who is not an official member of the HIC. No individual shall attempt to influence the IRB inappropriately on any matter before the IRB, or within the IRB's jurisdiction. The AVPR has the authority to oversee compliance issues and is charged with investigating allegations of undue influence upon the IRB and with taking corrective action if necessary.

### **The HIC Chair**

The HIC Chair provides leadership for the HIC staff and the chairs and members of the individual committees, and serves as a liaison between the HIC and investigators when issues arise. He/she works closely with the AVPR on regulatory issues. The HIC Chair is also charged with reviewing and approving expeditable protocols, amendments, and continuations, as well as concurring with exemptions. The HIC Chair reviews applications for Single Time Use of a Test Article and Humanitarian Use Device applications. He/she reviews deaths and other serious adverse events in consultation with other HIC Chairs and/or the HIC Compliance Coordinator. The telephone number of the office of the HIC Chair is listed on all Wayne State University and affiliate consent forms as the contact person for research participants who have questions or concerns.

### **Financial Conflict of Interest (FCOI) Committee**

The FCOI Committee has review and oversight responsibility for financial conflicts of interest disclosed by researchers at WSU and its affiliates. Conflict of interest is identified through required disclosure at submission of each IRB protocol, yearly and within 30 days of any significant change. The FCOI Committee is a twelve member committee who serve in various roles and disciplines from across the University and includes the AVPR. The FCOI Committee meets at least twice yearly, or as necessary, to develop management plans and update policies and procedures for compliance with federal regulations. For situations involving minimal to moderate conflicts of interest, a subcommittee meets as often as necessary to review these in a timely manner.

## **Institutional Biosafety Committee (IBC)**

The Director of Environmental Health Safety (EHS) reports to the AVPR and serves the University in the area of biosafety, the control of hazardous materials, and compliance with public health codes and regulations. The IBC has review and oversight of research involving recombinant DNA and the use of biological agents. A representative from the EHS office reviews all HIC protocol summary forms prior to the assigned IRB meeting to determine if it is necessary to conduct an additional biosafety review. If a review is required, the protocol must contain an approval from the biosafety committee prior to IRB approval.

## **Radiation Safety Committee**

The EHS Director is also responsible for radiation safety at Wayne State University. WSU's Radiation Safety Committee establishes rules and policies for the safe and lawful use of ionizing radiation. The Committee provides oversight for the use of ionizing radiation and grants use authorization to qualified research faculty members. The Committee consists of the Associate Vice President for Research, Radiation Safety Officer, and authorized users of ionizing radiation as appointed by the Vice President for Research. All work involving the use of ionizing radiation must first be reviewed and approved by the Radiation Safety Committee.

## **ADDITIONAL HRPP OVERSIGHT COMPONENTS**

### **Deans and Chairs and Center and Institute Directors**

The College Deans, Department Chairs and Center and Institute Directors, or their designees, are required to certify that the Principal Investigator has the necessary expertise, facilities, resources and staff to conduct the research as described in the protocol. Deans and Chairs must also affirm that the research protocol is consistent with sound research design. An affirmation statement signed by the Dean or Chair is included in the Protocol Summary Form and certifies that the above criteria have been met. WSU's affiliates designate authorized signatories for their researchers' protocol submissions, and these signatories are on file in the HIC office.

### **Sponsored Program Administration**

The Sponsored Program Administration (SPA) serves as an interface between the HIC, the PI and the granting agency. SPA reviews grant applications or contract proposals to ensure that research proposals involving human participants have or will have HIC review and approval before an account is established. The Sponsored Programs Form for External Support inquires if human subject research is a component of the research proposal. If so, the HIC letter of approval for a project is required before an account is established. Contracts for clinical trials are sent to the AVPR's office where they are reviewed for consistency with the HIC approved consent forms.

At the time of the award, SPA provides the sponsor with documentation of 1) final HIC approval and 2) verification that all "key personnel" have completed the mandatory WSU or other WSU approved human research participant training program. When a protocol has been closed, suspended or terminated SPA resolves the account based upon the contract/agreement. It is the responsibility of the SPA staff to ensure that all performance sites cooperating in the conduct of research maintain an FWA, the appropriate assurance of compliance, or both.

### **Technology Commercialization**

The Associate Vice President for Research and Technology Commercialization oversees the

Technology Commercialization Office (TCO) which is responsible for the identification, protection, marketing and licensing of intellectual property (e.g., patents, unique biological or other materials, and copyrights) developed by Wayne State University faculty. TCO requires that all material transfers having to do with human participants (e.g. DNA, blood, serum, tissue) have been reviewed and approved by the HIC via an Affirmation Memo requesting the HIC approval letter. Faculty are referred to the Biosafety office for special handling procedures in the transfer of biological agents.

### **Office of General Counsel**

A designated member of the Office of General Counsel (OGC) reviews all HIC policies for compliance with federal, state and local law and University policy prior to their being submitted for final approval by the AVPR, and yearly thereafter. The OGC keeps up to date with all relevant changes in state and local law. Laws that require the immediate attention of the HIC are reported to the HIC Compliance Officer and the HIC chair immediately and the information is reported at the next HIC meetings and disseminated to the research community by the Educational Coordinator. A representative of OGC is a member of at least one HIC board.

### **Graduate School**

All graduate students are required to submit the Doctoral Dissertation Prospectus and Record of Approval Form which requires the student to submit an HIC approval letter if the research includes human participant research. This form is then signed by the student, Dissertation Advisory Committee, the Departmental Graduate Advisor and the Dean of the Graduate School.

The Graduate School also provides additional information to students on university research compliance policies and procedures in the Internal Research Support Booklet available in the Graduate Office and website, Human Investigation Committee offices and the Office of the Vice President for Research and Research Compliance and Regulatory Affairs.

In addition, the initial graduate student packet includes a flyer on human participant research with the contact numbers of the Office of Research Compliance and Regulatory Affairs and the HIC.

## **COMMUNICATION WITH OTHER RESEARCH COMPONENTS**

### **Department of Psychiatry Protocol Review Board (PPRB)**

The ten member Psychiatry Protocol Review Board pre-reviews all Wayne State faculty Psychiatry and Behavioral Neuroscience proposals prior to being submitted to the HIC. All protocols from the Dept. of Psychiatry must have a letter of approval letter from the PPRB at initial submission.

### **John Dingell Veterans Medical Affairs Clinical Investigation Committee (CIC)**

The CIC, a subcommittee of the JDVAMC Research and Development Committee, pre-reviews all VA projects involving human participants for scientific merit, ethics and compliance with federal VA regulations prior to submission (initial, amendment and continuation) for HIC review. All protocols from the John D. Dingell VA must have an approval letter from CIC at submission. The HIC maintains a representative as a non-voting member of the CIC committee to ensure consistency in human participant policies and procedures between the two institutions.

### **Barbara Ann Karmanos Protocol Review Committee (PRC)**

The Karmanos PRC pre-reviews the scientific merit of cancer research protocols, ensures prioritization of therapeutic cancer protocols according to the Institute's scientific priorities and monitors scientific progress. All protocols from Karmanos must have an approval letter from the PRC at submission (initial and continuation).

### **Perinatal Clinical and Research Board (PCARB)**

The PCARB discusses Pediatric and Obstetrics/Gynecology protocols to provide guidelines and input into the conduct of innovative care and to help determine when it meets the definition of human subjects research. The AVPR is a voting member of this committee.

### **Detroit Medical Center (DMC) Research Review Process**

The DMC Research Review Process requires investigators using DMC facilities to apply for authorization to perform research at DMC sites. The Research Review Process conducts a screening process that allows the DMC to review proposed studies, budgets and performance site agreements in order to ensure that they are appropriately structured to comply with State and Federal regulations and DMC policy. This review is concurrent with the initial HIC review but HIC approval is contingent upon DMC approval.

## **ADVISORY COMMITTEES**

### **The Faculty Research Advisory Committee**

The Faculty Research Advisory committee meets quarterly to advise the Vice president for Research on matters related to research policies, procedures and direction at Wayne State University. The committee provides a forum for faculty to present input on the research environment of the university, including issues related to human subject research.

### **The Research Deans and Directors Committee**

The Research Deans and Directors Committee meets bi-monthly to exchange information and discuss all aspects of research. The committee meetings provide an opportunity to discuss human subject compliance issues and gain input from individuals closely involved in the research endeavor from across the university.

### **Research Coordinators Advisory Committee**

The Research Coordinators Advisory Committee is a quality improvement committee for the HIC and is comprised of the Process Improvement/Compliance Coordinator, Education Coordinator and self-nominated research coordinators from Wayne State University and its affiliate institutions. The purpose of this committee is to:

- suggest ways to improve communication between the Human Investigation Committee, Principal Investigators and their research coordinators
- discuss solutions to common problems encountered in managing research data, coordinating studies, and meeting the requirements of the HIC and federal regulators;
- identify necessary educational programs;
- identify improvements in the quality of the human research protection program.

## **INTERNAL MEETINGS IN THE OFFICE OF THE VICE PRESIDENT FOR RESEARCH**

### **Vice President for Research and Executive Management**

The VP for Research and the AVPR meet every week as part of an executive management meeting

where each Associate VP reports on the past week's activities. Additional meetings between the VP and AVPR occur as the need arises. These meetings involve issues concerning compliance and include a continual evaluation of the current resources and efficacy of the HRPP.

### **AVPR and Directors**

The AVPR for Compliance oversees three Directors, who in turn oversee staff in their respective areas of compliance. The AVPR meets twice per month with the Directors to discuss compliance and regulatory issues.

## **EDUCATION AND TRAINING**

WSU's Office of Research Compliance assumes the responsibility for providing education to the research community on ethical principles, laws, policies, regulations and university policy concerning human participant research. To facilitate this responsibility the HIC maintains an Educational Coordinator whose duties include the initial and ongoing training and education of HIC committee members, HIC administrators, research investigators, key personnel and appropriate staff. All HIC members, staff, and researchers must complete online training from the Collaborative Institutional Training Initiative (CITI).

### **HIC Committee Members**

The Education Coordinator and/or Process Improvement/Compliance Coordinator attend each committee meeting to provide compliance expertise in the discussions, when needed, and also information on any recent developments in human participant regulations.

IRB members are initially required to attend an orientation session, with the Educational Coordinator, at which time they are presented with an IRB Member Manual that includes copies of Good Practices, ethical foundations and HIC policies and procedures including "Expectations of an IRB Member". New committee members also observe a committee meeting prior to achieving voting rights.

In addition, committee members and HIC staff receive ongoing training and updates at committee meetings, staff meetings and a twice-yearly educational seminar.

Information is also disseminated through a WSU online publication "Research @ Wayne", the HIC website and instructional emails.

The HIC Chair, Education Coordinator and Process Improvement Compliance Coordinator are available when needed to answer any questions or concerns.

### **Principal Investigators and Staff**

All Investigators and their research staff are required to complete the CITI training modules prior to protocol approval. Successful completion of the modules is maintained in a database and is verified by HIC staff as a condition of IRB protocol approval. The Principal Investigator is also given individual training by the Education Coordinator, if requested. Individual or group training is available at any time through the Education Coordinator.

The Principal Investigator has the ultimate responsibility for the administration of the research protocol. The PI must ensure that all of the research staff has the knowledge, resources and ability to maintain the highest standards of compliance with all local, state and federal laws and regulations and University policy.

Principal Investigators and/or their staff may be required to have additional training if a compliance problem is identified.

### **Community**

The responsibility for community outreach and education is shared between the Community Liaison, the Associate Vice President for Research, the Education Coordinator and the Process Improvement and Compliance Coordinator.

The HIC maintains a part time Community Liaison who speaks to interested community groups concerning the rights and responsibilities of research participants. As a part of the presentation, the liaison conducts a survey and the data are maintained for purposes of quality control.

The Education Coordinator and Process Improvement/Compliance Coordinator are available to take calls concerning community and participant questions and complaints. The AVPR serves as a liaison between the University and the community at large and is available for educational presentations.

### **PROGRAM EVALUATION PROCEDURES**

Evaluation of the efficacy of the Wayne State University HRPP is the responsibility of the Vice President for Research in collaboration with the AVPR. The HIC members, staff, investigators, sponsors, administrators and participants also share in this responsibility with an obligation to report any concerns or suggestions for improvement of the HRPP. Program evaluation outside of the OVPR is actively encouraged by open access to the Office of Research Compliance and Regulatory Affairs and all departments within its oversight, and cross-membership between committees with an HRPP component.

### **Process Improvement and Compliance Coordinator**

The Process Improvement and Compliance Coordinator is responsible for a continuing review of changes in all federal, state, and local laws and regulations concerning human participant research and assuring the HRPP policies and procedures are consistent with the current regulations.

The Process Improvement and Compliance Coordinator, in collaboration with other members of the HIC staff and the Office of Research Compliance, conduct an ongoing review of HIC policies and processes for process improvement purposes.

### **Audits and Protocol Reviews**

The Process Improvement and Compliance Coordinator conduct for-cause audits and random protocol reviews. Results of the audits are reviewed with the AVPR and the HIC Chair. Serious issues are also reported to the Vice President for Research. Any systematic compliance deficiencies are discussed with the process improvement team and may result in new or revised policy, training and education programs or reflected in internal HIC processes.

### **Budget Review**

The Vice President for Research and AVPR meet several times each year to discuss the HRPP budget needs to ensure that adequate resources are available to meet the highest standards of ethical conduct in research.

## **Review of HIC**

The AVPR and the HIC Chair conduct an ongoing review of the number and composition of the committees to ensure that they are adequate for the numbers and types of protocols submitted to the HIC office. This evaluation occurs during regular meetings with the staff, and take into account any complaints or suggestions from researchers.

## **Staff Evaluations**

All HIC staff submit a yearly self assessment which includes job responsibilities, educational achievements, and additional training. The staff then meet with, and are evaluated by, their immediate supervisor for ongoing job efficacy.

## **HIC Member Evaluations**

HIC members are evaluated by the AVPR, HIC Chair, Process Improvement/Compliance Coordinator and individual HIC chairs to ensure that the committees maintain the required qualifications, expertise and experience. The assessment also includes the ongoing competence of each member, including expertise, meeting attendance, the number and types of reviews conducted, timeliness of reviews, ongoing training and professional development.

## **Yearly Risk Assessment**

Each University department submits a yearly risk assessment to the Office of Internal Audit. The department self-evaluation also serves to identify potential problems that need to be addressed.

## **Questions and Complaints**

Contact information for the HIC Chair is included on all Informed Consent forms. The HIC website and Internal Research Support booklet also contain contact information. Both the Educational Coordinator and the Process Improvement/Compliance Coordinator keep a phone log of communications with investigators and their staff.

## **Professional Conferences**

University officials responsible for research compliance keep current in regulatory and policy developments through membership and participation in professional associations, such as NCURA, PRIM&R, COGR, etc.

## **Summary**

The WSU HRPP utilizes duly constituted IRBs, known collectively as the Human Investigation Committee, for the oversight of all biomedical and behavioral research conducted by researchers at WSU and its affiliates. The program also encompasses a variety of University committees and University officials who are dedicated to ensuring compliance with federal state and local laws, and relevant institutional policies, in order to provide a comprehensive program for the protection for human participants in research.