1. PURPOSE
	1. This SOP establishes the Carilion Clinic’s Human Research Protection Program (HRPP) and its commitment to protect the rights and welfare of human subjects.
2. SOP
	1. Scope
		1. The Human Research Protections Program (HRPP) applies to:
			1. All <Human Research> which engages Carilion Clinic as defined by WORKSHEET: Engagement (HRP-422).
			2. All <Human Research> as defined in WORKSHEET - Human Subjects Research (HRP-421)
			3. All non-exempt <Human Research> must undergo review by one of the institutionally designated IRBs, or by a designated reviewer.
		2. <Human Research> may not commence until IRB approved.
		3. Activities that are not <Human Research> do not require IRB review unless there is uncertainty whether the activity is <Human Research>.
		4. Direct questions about whether an activity (such as classroom research, quality improvement, case reports, program evaluation, or surveillance activities) represents <Human Research> to the IRB. The IRB provides written determinations in response to written requests.
		5. Direct questions about whether Carilion Clinic is engaged in <Human Research> to the IRB.
		6. After a study is completed, Carilion Clinic does not consider the return of results to former subjects to be <Human Research>.
	2. Ethical Principles
		1. Carilion Clinic follows the ethical principles described in the report “Ethical Principles and Guidelines for the Protection of Human Subjects of Research” also known as “The Belmont Report.” (see Reference 1)
		2. Carilion Clinic applies its ethical principles to all <Human Research> regardless of support or geographic location.
			1. Policies and procedures applied to research conducted domestically are applied to international research.
		3. The following categories of individuals are expected to abide by these ethical requirements:
			1. Investigators (whether professional or student)
			2. Research staff
			3. IRB members, IRB chairs, and IRB vice-chairs
			4. HRPP staff members
			5. Carilion Clinical Institutional Official
			6. Employees and agents
		4. Clinical trials should be conducted in accordance with the ethical principles in Reference 1 that have their origin in the Declaration of Helsinki and are consistent with good clinical practice and the applicable regulatory requirements.
	3. Review and Oversight Requirements
		1. This Institution’s IRB approves research according to applicable federal and local law during the review of research. If the applicable law is inconsistent, the IRB will apply the most protective of the applicable laws.
		2. The Carilion Clinic applies FDA regulations, the <Original Rule>, the <Revised Rule>, and 45 CFR §46 Subparts B, C, and D as described in the Tables in the References section.
		3. Carilion Clinic applies 45 CFR §46 Subparts B, C, and D to the extent required by OHRP[[1]](#footnote-1) to all non-exempt <Human Research as Defined by HHS>.
		4. For <Human Research as Defined FDA>, Carilion Clinic applies 21 CFR §50 and §56.
		5. For <Clinical Trials>, Carilion Clinic commits to apply the “International Conference on Harmonization – Good Clinical Practice E6.” (ICH-GCP)
		6. Carilion Clinic agrees to apply the additional regulations as applicable to non-exempt <Human Research as Defined by HHS>:
			1. DOD, DOE, DOJ. ED, EPA
			2. Federal, state, and local law
		7. Carilion Clinic applies all policies and procedures applied to research conducted domestically to research conducted in other countries, including:
			1. Confirming the qualifications of investigators for conducting the research
			2. Conducting initial review, continuing review, and review of modifications to previously approved research
			3. Post-approval monitoring
			4. Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others
			5. Consent process and other language issues
			6. Ensuring all necessary approvals are met
			7. Coordination and communication with local IRBs
			8. Encompassing activities that are “research involving human participants” as defined by local laws.
		8. Carilion Clinic prohibits payments to professionals in exchange for referrals of potential subjects (“finder’s fees”).
		9. This IRB reviews payments designed to accelerate recruitment that are tied to the rate or timing of enrollment (“bonus payments”) and does not allow them unless the possibility of coercion and undue influence is minimized
	4. Components of the HRPP
		1. Carilion Clinic Institutional Official
			1. Carilion Clinical Institutional Official is the leader of the HRPP.
			2. The Carilion Clinical Institutional Official is authorized to:
				1. Allocate HRPO resources
				2. Appoint and remove IRB members, IRB chairs, and IRB vice-chairs in consultation with the HRPO Director
				3. Approve and rescind authorization agreements for IRBs.
				4. Disapprove, suspend, or terminate <Human Research>
				5. Hire and fire HRPP staff members
				6. Limit or condition privileges to conduct <Human Research>
				7. Act against employees related to <Serious Noncompliance> or <Continuing Noncompliance>
				8. Sign IRB authorization agreements
			3. Carilion Clinical Institutional Official is responsible to:
				1. Oversee the HRPP
				2. Ensure the independence of the review process
				3. Ensure that complaints and allegations regarding the HRPP are appropriately handled
				4. Ensure that the HRPP has sufficient resources, including IRBs, appropriate for the volume and types of <Human Research> reviewed, so that reviews are accomplished in a thorough and timely manner
				5. Establish a culture of compliance with HRPP requirements
				6. Investigate and correct allegations and findings of undue influence on the <Human Research> review process
				7. Investigate and correct systemic problems related to the HRPP
				8. Periodically review HRPP policies and procedures
				9. Periodically review HRPP resources
				10. Review and sign federal assurances (FWA) and addenda
				11. For Certificates of Confidentiality, when requested, confirm the [Institutional Assurance Statement](https://grants.nih.gov/policy/humansubjects/coc/required-institutional-assurances.htm) online
		2. All employees and agents of the Carilion Clinic:
			1. All employees and agents of the Carilion Clinic ultimately report to the Carilion Clinical Institutional Official for HRPP issues.
			2. All employees and agents of the Carilion Clinic are responsible to:
				1. Be aware of the definition of <Human Research>.
				2. Consult the IRB when there is uncertainty about whether an activity is <Human Research>.
				3. Not conduct <Human Research> without IRB approval.
				4. Follow the HRPP requirements described HRPP policies and procedures and Investigator Guidance.
				5. Comply with all determinations and additional requirements of the IRB, the IRB Chair, and the Institutional Official
				6. Report allegations of undue influence related to the HRPP.
				7. Report <Allegations of Noncompliance> or <Findings of Noncompliance>.
		3. IRB Chair, IRB members and HRPO staff members
			1. IRB Chair, IRB vice-chairs, IRB members, and HRPO staff members are responsible to:
				1. Follow HRPP policies and procedures
				2. Undergo initial training, including training on specific federal agency requirements
				3. Participate in continuing education activities at least annually, including training on specific federal agency requirements
				4. Respond to contacts from participants or others
				5. Ensure contacts from participants or others are reported to the IRB when required
				6. Ensure research submitted to an external IRB meets local requirements
				7. Ensure research approved by an external IRB has all local approvals before being conducted
			2. IRB Chair
				1. IRB Chair and IRB vice-chairs have overall responsibility for the oversight of the IRB meeting
				2. IRB Chair and IRB vice-chairs are authorized to suspend or terminate <Human Research>.
			3. IRB Chair, IRB Vice-Chairs, IRB members and HRPO staff members ultimately report to the Carilion Clinical Institutional Official for HRPP issues.
		4. IRB
			1. The IRB has the authority:
				1. To approve, require modifications to secure approval, and disapprove all <Human Research>.activities overseen and conducted by Carilion Clinic
				2. To suspend or terminate approval of <Human Research> not being conducted in accordance with HRPP requirements or that had been associated with unexpected serious harm to participants
				3. To observe, or have a third party observe, the consent process and the conduct of the <Human Research>.
				4. Determine whether an activity is <Human Research>.
				5. Determine whether Carilion Clinic is engaged in <Human Research>
				6. To decide whether financial interests <Related to the Research> and the management, if any, allow approval of the <Human Research>.
				7. Make determinations of Serious and Continuing Non-compliance and Unanticipated Problems Involving Risks to Subjects or Others.
		5. Department Chairs and Section Chiefs
			1. Department Chairs have the responsibility to:
				1. Oversee the review and conduct of Human Research in their department or section
				2. Determine the scientific validity, investigator qualifications, and available resources for proposed research and provide administrative approval of submissions for initial review
				3. Forward complaints and allegations regarding the HRPP to the Institutional Official
				4. Ensure that each Human Research study conducted in their department or section has adequate resources.
		6. Carilion Clinic cannot approve <Human Research> that the IRB has not approved.
		7. Carilion Clinic may rely upon the IRB of another organization provided an Authorization Agreement for IRB review (IAA) or MOU is in place
		8. Upon request or when required by law, the Carilion Clinic will execute an Authorization Agreement with the relying organization, which documents respective authorities, roles, responsibilities, and communication between this Carilion Clinic and the relying organization.
		9. Investigators and research staff ultimately report to the Carilion Clinic Institutional Official for HRPP issues and are to follow the obligations described in POLICY: Investigator Obligations (HRP-800)
		10. Legal Counsel works with the Human Protections Administrator and Institutional Official on HRPP issues and is responsible to:
			1. Determine who is a <Legally Authorized Representative>, <Child>, and <Guardian>
			2. Provide legal advice related to the HRPP to the Carilion Clinical Institutional Official, IRB, and investigators
			3. Determine who is an agent for purposes of engagement
			4. Identify relevant state and international laws
			5. Resolve conflicts among applicable laws
		11. Research and Development Office works with the Carilion Clinical Institutional Official on HRPP issues.
			1. Review contracts for compliance with HRPP requirements.
			2. Assess feasibility and resources of research site
		12. The Office and Integrity and Compliance (OIC) works with the Carilion Clinic Institutional Official and Human Protections Administrator on HRPP issues:
			1. Assure the all conflict of interest disclosures are reviewed in accordance with Carilion policy and Federal regulations, including where appropriate, referral to the Conflict of Interest Committee.
			2. OIC will notify the IRB in writing of the outcomes of any review involving human subjects where a conflict of interest exists.
			3. To conduct a privacy review, when applicable, and notify the IRB of privacy concerns.
		13. The Health Analytics Research Team (HART) works with the Carilion Clinic Institutional Official and Human Protections Administrator to provide research support for access, acquisition, storage, and utilization of research data
	5. Written Procedures
		1. The Carilion Clinic makes written materials describing the HRPP available to all members of the Carilion Clinic through its Web site at https://www.carilionclinic.org/institutional-review-board.
		2. The Carilion Clinic makes written materials describing the HRPP available to sponsors, CROs, and investigators upon request when those materials apply to the requestor.
		3. When written materials are changed, the Carilion Clinic communicates to affected individuals through one or more of the following actions:
			1. Email communications
			2. Web-site postings
			3. Direct outreach at organizational meetings
			4. Training
			5. PRIS3M On-line IRB submission system notifications
	6. Questions, Concerns, and Feedback
		1. The Carilion Clinic solicits questions, concerns, and feedback.
		2. Individuals should address questions, suggestions, concerns, or complaints about the IRB or human research protection program; allegations of undue influence, <Allegations of Noncompliance> or <Findings of Noncompliance> orally or in writing to:

|  |
| --- |
| Meredith Talmadge, RHIT, CIPHuman Protections Administrator213 S. Jefferson St, Suite 830Roanoke, VA 24011540-224-5878mttalmadge@carilionclinic.org |

* + 1. Individuals may also contact the Carilion Clinical Institutional Official at:

|  |
| --- |
| Robert L. Trestman, PhD, MDSenior Vice President and Medical Chair2017 S. Jefferson StRoanoke, VA 24014540-981-7696rltrestman@carilionclinic.org |

* + 1. The Carilion Clinic takes steps to protect employees and agents who report in good faith from retaliation and harassment. Immediately report such concerns to the Carilion Clinical Institutional Official.
1. REFERENCES
	1. This work is licensed by [WIRB Copernicus Group, Inc.](http://www.wcgirb.com/) under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](http://creativecommons.org/licenses/by-nc-sa/4.0/).
	2. “Ethical Principles and Guidelines for the Protection of Human Subjects of Research,” The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 18, 1979, (<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>)
	3. Table of Applicability of Regulatory and Policy Requirements by Category of Research

|  |  |
| --- | --- |
| Category of Research | Research initially reviewed, determined exempt, or waived: |
| Before Jan 21, 2019 | On or after Jan 21, 2019 |
| FDA regulated research that is NOT emergency use[[2]](#footnote-2), compassion use, or device research on anonymous tissue specimens[[3]](#footnote-3) | * FDA regulations
* <Original Rule>
* Subparts B, C, D
 | * FDA regulations
* <Original Rule>
* Subparts B, C, D
 |
| Emergency use, compassion use, and device research on anonymous tissue specimens[[4]](#footnote-4) | * FDA regulations
 | * FDA regulations
 |
| Research regulated by federal department or agency other than DOJ or CPSC | * <Original Rule>[[5]](#footnote-5)
* Subparts B, C, D
 | * <Revised Rule>
* Subparts B, C, D
 |
| Research regulated by DOJ or CPSC | * <Original Rule>
* Subparts B, C, D
 | * <Original Rule>
* Subparts B, C, D
 |
| Unregulated research[[6]](#footnote-6) | * <Original Rule>[[7]](#footnote-7)
* Subparts B, C, D
 | * <Revised Rule>
* Subparts B, C, D
 |

* 1. Table of Applicability of Regulatory and Policy Requirements by Requirement

|  |  |
| --- | --- |
| Requirement | Research initially reviewed, determined exempt, or waived: |
| Before Jan 21, 2019 | On or after Jan 21, 2019 |
| FDA regulations | * FDA regulated research
 | * FDA regulated research
 |
| <Original Rule> | * Research regulated by a federal department or agency
* FDA regulated research that is NOT emergency use, compassion use, or device research on anonymous tissue specimens
 | * Research regulated by DOJ or CPSC
* FDA regulated research that is NOT emergency use, compassion use, or device research on anonymous tissue specimens
 |
| <Revised Rule>  | NA | * Unregulated research and research regulated by federal department or agency other than DOJ or CPSC
 |
| Subparts B, C, D | * All research except Emergency Use, Compassionate Use, and device research on anonymous tissue specimens[[8]](#footnote-8)
 | * All research except Emergency Use, Compassionate Use, and device research on anonymous tissue specimens
 |

1. APPROVAL AND REVISIONS
	1. 1/18/19: Human Research Protections Office Director, Carley Emerson, originally created and approved
	2. 2/3/21: changed to SOP and added reference to role of Office and Integrity and Compliance and Health Analytics Research Team
	3. 10/29/21: added information about responsibilities of Department Chairs and Section Chiefs
	4. 12/01/21: added information about study suspension responsibilities
	5. 04/01/2022: Changed the IO from Dr. Harrington to Patrice Weiss
	6. 12/1/22: Changed Carley Emerson to Meredith Talmadge and Dr. Weiss to Dr. Trestman as well as contact information
	7. 8/1/23: Minor administrative wording changes
1. OHRP has indicated that for research not conducted, supported, or otherwise subject to regulation by a federal department or agency, OHRP will not review reports (e.g., unanticipated problems, non-compliance, suspensions, terminations), will not provide secretarial review of not otherwise approvable research under Subparts B and D, and will not certify prisoner research under Subpart C. [↑](#footnote-ref-1)
2. This includes emergency use as defined in 21 CFR 56.102(d) and described in 21 CFR 50.23(a) and (b). This does not include waiver of consent for planned emergency research. [↑](#footnote-ref-2)
3. <Research Involving Human Subjects as Defined by FDA> that is also <Research Involving Human Subjects as Defined by HHS> [↑](#footnote-ref-3)
4. <Research Involving Human Subjects as Defined by FDA> that is NOT <Research Involving Human Subjects as Defined by HHS> [↑](#footnote-ref-4)
5. On or after January 21, 2019, sponsors can request that the research in this category initially reviewed, determined exempt, or waived before January 21, 2019 be re-reviewed under the <Revised Rule> [↑](#footnote-ref-5)
6. <Research Involving Human Subjects as Defined by HHS> that is NOT subject to regulation by either FDA or a federal department or agency [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. <Research Involving Human Subjects as Defined by HHS> including FDA regulated research that is also <Research Involving Human Subjects as Defined by HHS> [↑](#footnote-ref-8)