

Fundamentals of Research Ethics and  
the Role of the Institutional Ethics Committees:  
Best Practices for the Review of Research  
New Delhi, India  
2-3 December, 2009

## IEC BEST PRACTICES: QA/QI FOR THE IEC

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## STRUCTURE OF PRESENTATION

- i. Quality Assurance & Quality Improvement (QA/QI)
- ii. OHRP's Compliance Oversight Determinations: Findings & Outcomes
- iii. FDA's Warning Letters: Findings & Outcomes
- iv. Case Studies:
  - (1) RCC Thiruvananthapuram, Kerala and JHU
  - (2) OHRP's Evaluation of YRG CARE IRB
- v. Accreditation:
  - (1) AAHRPP
  - (2) FERCAP's SIDCER Program
- vi. Best Practices
- vii. Conclusion



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## I. QUALITY ASSURANCE (QA)

- All those planned and systematic actions that are established to ensure that the trial is performed and the data are generated, documented (recorded), and reported in compliance with Good Clinical Practice (GCP) and the applicable regulatory requirement(s).



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## I. QUALITY IMPROVEMENT (QI)



- Identifies the IRB's strengths and weaknesses
- A continuous process, and can involve changes to policies, procedures, systems, and training
- Involves Self-Assessment for Human Research Protection Programs



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## II. OHRP'S COMPLIANCE OVERSIGHT DETERMINATIONS



- Review and Evaluation by OHRP's Division of Compliance Oversight (DCO)
- For-cause compliance oversight evaluations
- Not-for-cause compliance oversight evaluations



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## II. OHRP'S COMPLIANCE OVERSIGHT DETERMINATIONS: FINDINGS



- A. Initial and Continuing Review
- B. Expedited review procedures
- C. Reporting of unanticipated problems, noncompliance, suspensions, and terminations
- D. IRB review of protocol changes
- E. Application of exemptions
- F. Informed consent
- G. IRB membership, expertise, staff, support, and workload
- H. IRB documentation, findings, and procedures
- I. Other



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## II. OHRP'S COMPLIANCE OVERSIGHT DETERMINATIONS: OUTCOMES



- OHRP does not identify any areas of noncompliance with the HHS regulations
- Recommendations on improvement
- Corrective actions
- Conditional approval of FWA
- Suspension of FWA
- Temporary suspension or removal of permanent participation
- Debarment



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## III. FDA'S WARNING LETTERS



- FDA Inspection of IRB
- Inspectional Observations Form FDA 483
- Response letter by institution
- Warning letter issued by FDA
- Corrective action
- Additional inspections to ensure that adequate corrective actions have implemented
- Warning Letter close-out letter ("close-out letter")



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## III. FDA WARNING LETTERS: FINDINGS



### Failure of IRB to:

- Make full accessibility of all records required for FDA inspection
- Maintain accurate, complete, and current records of shipment and disposition of investigational devices
- Obtain signed investigator agreements
- Include sufficient accurate financial disclosure information
- Obtain FDA approval prior to initiating the study



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### III. FDA'S WARNING LETTERS: OUTCOMES



- Re-inspection to confirm adequacy of corrective actions
- Until appropriate corrective action is taken, FDA may:
  - Withhold approval of new studies
  - No additional enrollment to ongoing studies
  - Terminate ongoing studies
  - Notify relevant regulatory agencies on deficiencies in IRB operation
- Disqualification of an IRB or an institution
- Reinstatement of an IRB or an institution



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### IV. CASE STUDY 1: JHU-RCC, KERALA CONTROVERSY, INDIA (1999)



- M4N and G4N drug not yet approved by FDA
- Trial initiated before obtaining written approval from the Drugs Controller General of India and clearance from Health Ministry for foreign collaborative research
- No FDA export permission for drug brought to India
- Patient signed informed consent which was not in his native language
- Study not approved by JHU IRB, but funds released
- Suspension of all research with human participants at the RCC for six months
- FINALLY, UNETHICAL RESEARCH REWARDED?



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### IV. CASE STUDY 2: OHRP'S EVALUATION OF YRG CARE IRB



YRG CARE had revised the YRG CARE IRB Policies and Procedures following the OHRP Evaluation of the YRG CARE system for protecting human research subjects to ensure compliance with DHHS regulations for protection of human research subjects (45 CFR 46).

OHRP has determined that the corrective actions outlined by YRG CARE adequately address OHRP determinations and are appropriate under the YRG CARE FWA.

Details also available in the OHRP website – 2008 determination letters



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## V. ACCREDITATION



- To promote standard for quality and strengthen human research protection programs
- Institutional commitment to scientifically and ethically sound research
- Continuous improvement



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## V. ACCREDITATION: (1) AAHRPP



Association for the Accreditation of Human Research Protection Program, Inc. (<http://www.aahrpp.org/>)

### Steps in Accreditation Process:

- Application preparation
- On-site evaluation
- Council review
- Notification of accreditation status



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## V. ACCREDITATION: (2) FERCAP-SIDCER



Forum for Ethical Review Committees in the Asian and Western Pacific Region (FERCAP)'s Strategic Initiative for Developing Capacity in Ethical Review (SIDCER) Program (<http://www.fercap-sidcer.org/>)

### Ethics Committee will be recognized on the quality of the committee based on five standards:

- Standard I: STRUCTURE AND COMPOSITION OF ETHIC COMMITTEE
- Standard II: ADHERENCE TO SPECIFIC POLICIES
- Standard III: COMPLETENESS OF ITS REVIEW PROCESS
- Standard IV: AFTER REVIEW PROCESS
- Standard V: DOCUMENTATION AND ARCHIVING

**RECOGNITION CERTIFICATE**



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## VI. BEST PRACTICES – QA/QI



1. Periodic review of IRB policies and procedures
2. IRB documentation to be complete and updated
3. Internal audit
4. Index documents in IRB files
5. Access to IRB files limited to IRB Desk
6. Continuing Education to IRB members and staff
7. Review, and re-review files periodically
8. Periodic self assessment
9. Ask!



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## VII. CONCLUSION



**For protecting human research participants, and to maintain quality and efficiency of the IRB, an ongoing QA/QI program is necessary**



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**THANK YOU!**  
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