Rules of Engagement: Collaborating with Non-BU/BMC Investigators

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Following the presentation participants will be able to :

- Locate the OHRP guidance on engagement of institutions in research and identify the activities that are considered to constitute engagement in research and those that are not.
- Define "employee or agent" in accordance with the OHRP guidance
- Name the specific requirements and options for BU/BMC investigators who wish to collaborate with investigators from
  - Boston Public Health Commission
  - Veterans Administration (VA)
  - BMC Community Health Centers
  - Other "like" academic research institutions
  - Other research sites (e.g. survey firms, non-academic research sites, physician practices, etc.)
  - Community based organizations
- Describe the requirements and processes for BU/BMC investigators to request that BU/BMC delegate IRB review to another institution (BU/BMC is Institution B)

Part One

Defining Engagement

Recent Engagement

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http://www.hhs.gov/ohrp/humansubjects/guidance/engageo8.html

Overview of the Guidance

- In general, an institution is considered *engaged* in a human subjects research project when its **employees or agents** for the purposes of the research project are engaged in the research.
- **Section A** scenarios :engaged in human subjects research.
- **Section B** scenarios: **not** engaged in human subjects research
- These scenarios are not intended to be all-inclusive.
- The engagement determination depends on the specific facts of a research study; can be complex.
- IRB makes the final determination re: engagement

"Why do I care about "engagement?"

- For all investigators who are "engaged" IRB review is usually needed to "cover" their human subjects activities
- For investigator 's who are determined to be "not engaged" then IRB review of their activities is not usually required
- In instances where there are multiple investigators from multiple institutions, some investigators on the project may be "engaged" and need IRB review by their IRBs while others may be determined to be "not engaged" and so will not need IRB review by their institution(s).

Examples:

- BU is primary awardee of the grant but all the research activities are taking place at Children's Hospital through a sub-award. Is BU engaged?
- BU investigators are conducting a research study but there is a "consultant" from HSPH who will be helping to design the study, helping with the statistical design and co-authoring the paper(s). Will HSPH IRB need to review the study?
- Investigators at Tufts are conducting a study. Tufts is receiving the funding from NIH. They have asked BMC investigators to help with recruitment by posting ads and handing out recruitment materials in the clinic. Are the BMC investigators engaged in the research? Is BU/BMC IRB review required?

More examples:

- You are conducting a study here at BU/BMC. As part of your study you wish to obtain the subjects' clinical (hospital records) from other hospitals in the area. If subjects sign the BU/BMC consent form (with the HIPAA Authorization) is IRB approval needed from the sites (hospitals) that are releasing the subjects' identifiable information to you ?
- You are conducting a research study. You decided to hire research staff at Brown Univ. to consent subjects and conduct telephone surveys and interviews. Is IRB review by Brown Univ. required?

Most Common Example:

You contact the IRB and say that you are going to be conducting research here at BU/BMC but Susie Statistician from Math University will be helping with the data analysis. You say that Susie will only be given de-identified data and so does she need to be listed on the INSPIR protocol and/or does she need IRB review by the Math U. IRB

- The term "de-identified" is not helpful to the IRB
- Will the data be "coded" or completely anonymous (no way to link back to individual subjects and no identification by deductive disclosure ?
- Is there an agreement in place saying that Susie will never make any attempt to identify the subjects and you will never provide her with the subjects' identities or the mastercode/key?

Part Two

Employees or Agents
Engaged on Behalf of …

Agents

Employees or Agents

Employees and agents are individuals

- acting on behalf of the institution,
- exercising institutional authority or responsibility,
- or performing institutionally designated activities.

For all "investigators" engaged in research

- Are they "engaged" on behalf of BU/BMC ?
- Are they "engaged" on behalf of another institution ?
- Are they "engaged" solely on behalf of themselves (not associated with any institution)?

Sometimes the determination is tricky:

- Full time BU employee who is "sub-contracted" out to the VA to work on a research project that is being conducted at the VA , funded at the VA, only involving VA subjects. Although this person is a BU employee is he "engaged on behalf of" BU or the VA or both?

- BU investigators are conducting research in collaboration with community researchers from the South End Community Center. Are the community researchers engaged on behalf of BU or the SECC?

- Study coordinators working on a study collecting data in Uganda? Are they engaged on behalf of BU?

Two Committees

- VA Committee
  - Contracts, sub-contracts and other agreements
  - Who is engaged in the research and which IRBs need to review the research
  - Meeting 12/14/10 drafting some institutional guidance and policy

- Community Based Participatory Research Committee
  - Several meetings to discuss issues related to community based (non-traditional) researchers
  - Working on some institutional policy and guidance

IRB Review for Investigators Engaged on Behalf of…

BU/ BUMC

On the BU/BMC Federal Wide Assurance (FWA) the following are listed as COMPONENTS of BU / BMC

- Boston Medical Center (BMC)
- BU School of Medicine, BU Dental School, BU SPH
- BU Charles River

- Investigators engaged on behalf of these components are covered under the BU/BMC FWA.
- The BU/BMC IRB Panels (**Blue**, **Green**, **Purple**, **CRC**) are the designated IRBs for these components.
- (Some research conducted by investigators from these components may be sent to WIRB or NCI CIRB.)

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IRB Review for Investigators Engaged on Behalf of…

Non-BU/BMC institutions:

- IRB review is required
- Options for IRB review
  - IRB review by the non-BUBMC site's own IRB
  - Contract with a commercial IRB (WIRB, Chesapeake)
  - Contract with a central IRB (e.g. NCI Central IRB)
  - Enter into an agreement with another institution to delegate IRB review to the other institution **(Authorization Agreements)**

Part Three

Authorization Agreements

A verbal contract isn't worth the paper it's written on.

~ *Samuel Goldwyn,* *Goldwyn's Law of Contracts*

(1882 - 1974)

Authorization Agreements

- Formal written agreements signed by the Institutional Officials (high level) or designees of the institutions (not signed by the researchers)
- Details which institutional responsibilities will be delegated and the processes for doing so
- Limitations of the agreements (most are project specific)
- Two major types
  - **IAA** (Institutional Authorization Agreements) – between two institutions that hold FWAs
  - **IIA** (Individual Investigator Agreement) – one site doesn't have an FWA (called a non-assured site) so the site with the FWA (assured site) agrees to extend its FWA to cover the non-assured site

Considerations

The determination as to whether BU/BMC is willing to enter into either type of authorization agreement depends on several factors

- Risk level of the study
- Relationship with the other institution
- Determination of investigator qualifications
- Human subjects training requirements
- Conflict of Interest
- Oversight and supervision
- Legal liability and location of the research

Specific Examples

Boston Public Health Commission

- BU/BMC has a long-standing relationship with BPHC
- There is an "master" Authorization Agreement on file – so signed project specific agreements are not required
- BPHC has their own FWA and designates BU/BMCs IRBs as their IRBs of record
- BPHC investigators can serve as PI on BU/BMC protocols
- BPHC investigators must comply with BU/BMC requirements for certification / recertification
- BPHC investigators are subject to BU/BMC oversight, reporting, audits, etc.

Veterans Administration (VA)

- Determination regarding engagement in research can be tricky.
- Committee is working on clarification of roles so engagement determinations can be made.
- VA does not allow IAAs so if BU is engaged and VA is engaged then IRB review by both institutions is required
- If BU is prime awardee of funding then BU is engaged and BU/BMC IRB review is required –even if all the research activities take place at the VA
- VA certification and recertification for investigators with dual appointments is accepted by BU/BMC
- VA requires IRB review of certain activities beyond those in the engagement guidance (e.g. recruitment)

VA continued

- INSPIR protocol – if there are BU and VA investigators only list the BU/BMC investigators on INSPIR protocol
  - BU COI forms for only BU/BMC investigators
- Those engaged on behalf of the VA should be listed on the VA protocol

BMC Community Health Centers (CHCs)

- Codman Square, Dorchester House, BHCH, etc.
- General Agreement in place –BU/BMC IRB will serve as the IRB of record but individual IAAs needed for each site
  - If BU/BMC and CHC investigators
  - If only CHC investigators
  - If no BU/BMC involvement and the research involves investigators from another institution then the CHC will do IAA with the other institution
- Research must be reviewed by the CHC research oversight committee- contact Judi Henderson (617) 638-6903
- The oversight committee is not an IRB but reviews studies for local context and appropriateness.
- This includes exempt research as well as studies where only recruitment will be occur at CHCs

BMC CHCs (cont)

- CHC investigators can serve as PI on BU/BMC protocols
- Judi Henderson will arrange for a formal agreement (IAA) to be signed by the CHC Director and BU/BMC IRB – a separate agreement is needed for each CHC site
- CHC investigators must comply with all BU/ BMC requirements for certification and recertification
- CHC investigators submit BU/BMC COI disclosures and are subject to BU COI determinations
- Authorization Agreements (IAAs) once signed are scanned and attached in INSPIR as external attachments
- No research activities can start at each site until the agreement is signed for that site

Academic Institutions ("Like Us")

- BU/BMC may agree to serve as the IRB of record for investigators from other "like" institutions engaged in research
- These are institutions with research infrastructure
- Non-BU/BMC investigator's engagement is minimal / risks related to confidentiality
- BU/BMC investigator completes a Single IRB Review Request (BU/BMC is Institution A), attaches in Section S and submits via INSPIR
- IRB reviews, contacts the other institution to decide if an agreement is appropriate
- Roz Schomer in the BU/BMC IRB office manages these contracts. (617) 414-1320

Like Institutions (cont)

- If both institutions agree- then the IRB office will generate an IAA to be signed by both institutions
- Investigators can facilitate the process by making an inquiry at the other institution as to whether they would consider single IRB review
- Investigators need to provide us with the appropriate contact information for the IRB people at the other institution
- COI – will usually be done by the investigators own institution – do not submit BU COI disclosures
- If a COI is identified – a copy of the management plan will need to be reviewed by the BUMC IRB

Like Institutions (cont)

- If we agree to do an agreement (IAA)
  - The non-BU/BMC investigators are listed on Section A of the INSPIR protocol (because they are "under" BUMC IRB review)
- Human subjects training
  - They must provide documentation of basic human subjects training
  - They are required to meet and maintain their OWN institutions' recertification requirements
- Oversight- in most instances their own institution is responsible for ALSO reporting "incidents" to OHRP (unanticipated problems, serious or continuing non-compliance, suspensions/terminations)
- A copy of the IAA, signed by both parties will be scanned and attached in External Attachments of INSPIR
- No research activities can be started by the non-BU/BMC investigators until the IAA is signed and attached in INSPIR

"Unlike institutions"

- Small sites, non-traditional research sites
- E.g. Physician practices, survey firms, consulting groups
- These sites must obtain a Federal Wide Assurance (FWA) if they don't already have one
- No IRB of their own- will designate BU/BMC IRB
- BU/BMC IRB will determine if an IAA is ok- based on the study risks and the risks of the interventions performed by the non-BU/BMC investigators
- BU/BMC investigator completes a Single IRB Review Request including contact information for the person who is listed as the IO on the other site's FWA attaches to Section S of INSPIR and submits to BU/BMC IRB

Unlike Institution (cont)

- Non- BU/BMC investigators are listed in Section A
- Must meet BU/BMC's certification and recertification requirements (unless the site has their own recertification program)
- Must follow BU/BMC's COI reporting, disclosure, etc. unless they have their own COI policies
- Institution B is usually responsible for reporting incidents to OHRP for their investigators (determined by IAA)

Community Based Research

- Community people who perform research interventions, consent subjects, collect data are engaged in research (no different than traditional researchers regarding engagement)
- Determination must be made as to whether they are engaged on behalf of BU/BMC or others
- If they are engaged on behalf of a community agency- does that agency have a FWA? Do they have an IRB of record? Is an IAA appropriate?
- If the investigators are not covered under any FWA- how will their research be covered
- Will BU/BMC consider an Individual Investigator Agreement (IIA) ? These are more difficult for the institution because IIA extends our FWA to cover these researchers (puts our FWA at risk if something goes wrong)

Community Based

- Training – usually not the traditional NIH training
  - May need to find or develop appropriate training
- Supervision and monitoring – may need special plans for the community
- Vetting and CORI checks- background checks
- COI disclosures
- Working out these issues can take a significant amount of time – need to start early and not wait until grant deadline – all these issues need to be considered as part of the research development
- If IAA or IAA - The community investigators will be listed on INSPIR application in Section A
- Signed agreement must be attached in Section S

Part Four

BUMC is Institution B

BUMC is Institution B

- Requesting BU/BMC to delegate its responsibility for IRB review to an IRB at another institution
- Depends on the risk level of the research and what we know about the other IRB
- BU/BMC investigator submits, via INSPIR, IRB Exempt application (limited fields completed in INSPIR)
- Completes and attaches a Single IRB review request
- IRB reviews and contacts other institution to see if they agree, if so IRB will process agreement and attach as external attachment

BU/ BMC Institution B

- Research is still covered under BU/BMC FWA
- Agreement is simply delegating IRB review to eliminate duplicate IRB review
- Amendments and PRs are sent to the Institution A IRB only
- BU/BMC investigator must agree to the following
  - Follow the other IRB's determinations
  - Comply with BU/BMC certification/recertification requirements
  - Comply with BU/BMC COI policies and determinations
  - Notify BU/BMC IRB of "incidents" (unanticipated problems, serious or continuing non-compliance, suspensions or terminations)
  - Conduct ethical research, obtain informed consent when required, etc.

Summary Points

The steps …

- Determine who is participating in the project and who is engaged in research
- Determine who is engaged, as employee or agent, on behalf of whom (which institution)
- Determine how many IRB reviews, by which institutions are needed
- Determine whether single IRB review is possible
- Complete the paperwork (Single IRB Review Request in many cases) with INSPIR application
- If IRB agrees the IRB will pursue the IAA, and when signed will attach in INSPIR as external attachment

Tips

- Only list in Section A2 of INSPIR (co-investigators)
  - All BU/BMC investigators
  - Investigators from other non-BU/BMC sites who are engaged in the research and covered under an Authorization Agreement (IAA) with BU/BMC so that they are now "under BU/BMC IRB review)
- Do not list in Section A2
  - Investigators from other sites who are under their own institution's IRB review
- List in Section A6a – other sites where research activities are taking place, where IRB review will be conducted
- List in Section A6a – persons who are named in the research project but who are not engaged and why

Example for A6a

- Steve Brown PhD from HSPH is not engaged. He will be conducting data analysis, he will only receive "coded" data, he will not have access to subject identifiers or the master code and there is an agreement in place between Professor Brown in the PI restricting release of mastercode /subject identifiers

Remember

- Authorization agreement doesn't mean that the study doesn't need IRB review- just eliminates duplication
- Authorization agreement doesn't change the requirements re: consent, investigator training, COI etc. it simply changes the IRB of Record
- Authorization agreement doesn't mean that the investigator's own institution is not involved- it only means that IRB review is being delegated. The investigator's institution is still responsible for :
  - ensuring investigator training
  - ensuring compliance with other regulatory requirements (HIPAA, safety training, COI)
  - for reporting "incidents" to OHRP

Funding

- If the BU/BMC investigator is the primary awardee of the grant (BU/BMC is prime) then BU/ BMC must ensure that all investigators engaged in human subjects research are "covered" under IRB review (usually by their own institution)
- For sub-award sites- investigators need only worry about this site
- For investigators who are the "King/Queen PI" for the study – responsible for ensuring that all "engaged sites" have IRB review

IRB vs. Grants

"Investigator"

- Relates to IRB activities
- Performs activities that are considered to be engagement in human subjects research
- Recruitment, enrollment, consenting, study interventions, data collection, analysis, long-term follow-up

"Key Personnel"

- Relates to grants /funding
- Listed on grant as key contributor to the research
- May be responsible for study design, development of tools, "consulting" on research methods
- Manuscript preparation, editing

"Investigators" vs. "Key Personnel"

- Some investigators will not be key personnel (e.g. study coordinators, research assistants)
- Some key personnel will not be investigators (e.g. designs study instruments but does not have any contact with subjects or study data)
- OSP / OGA – focus on key personnel for the grants
- IRB –focus on those "investigators" engaged in human subjects research
- Creates confusion re: human subjects training and COI disclosures – OSP/OGA and IRB may be interested in this information for different people

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