

Grand Valley State University Institutional Review Board	
Title: <i>Research Noncompliance</i>	
Section: 1030.	This policy and procedure supersedes those previously drafted
Approved by HRRC: 02/14/2012	Approved by RIO/HRPA: 02/16/2012
Revised by HRRPPC: 04/24/2018	Revisions approved by AIO/RIO: 05/23/2018
Revised by IRBPPC: 11/20/2020	Revisions approved by AIO/RIO: 11/30/2020
Revised by IRBPPC: 11/30/2021	Revisions approved by AIO/RIO: 12/21/2021
Effective Date: 12/21/2021	
Related documents: <i>030: ORCI Document Retention and Management</i> <i>730: Collection, Management and Security of Research Information</i> <i>1010: Modifications to Approved Protocols</i> <i>1020: Reportable Events: Protocol Deviations, Unanticipated Problems and Adverse Events</i> <i>1040: Post-Approval Compliance Review</i> <i>1050: Suspension or Termination of Research Activities</i> <i>1060: Closure of Approved Research Studies</i> <i>1070: Responding to Concerns and Complaints About Human Subjects Research Activities</i> <i>OP-3: GV Procedures for Responding to Allegations of Research Misconduct</i> <i>G-03: IRB Noncompliance Flowchart</i>	

## **Policy**

All members of research teams involved in research on living human subjects must comply with applicable federal, state, and local laws, research ethics standards and the determinations, policies and directives of the Institutional Review Board (IRB), or other oversight authority such as study sponsors, or collaborating educational and private institutions as appropriate. The study Principal Investigator (PI), all members of research teams, and the protocol authorizing official are responsible for reporting known or suspected incidents of noncompliance to the GVSU Office of Research Compliance and Integrity (ORCI), IRB, and/or Research Integrity Officer (RIO).

Research misconduct and research noncompliance are distinct and separable violations of required research protections. Research noncompliance may be non-serious or serious, and isolated or continuing. Federal regulations require reporting to the IRB findings of either serious or continuing noncompliance (45 CFR 46.108(a)(4)(i)). Allegations of research misconduct are handled under a separate university policy and procedure (42 CFR 93; *OP-3: GV Procedures for Responding to Allegations of Research Misconduct*).

## **Definitions**

1. *Research Misconduct*. In the GVSU policy and procedures on Research Integrity (revised, 2012), research misconduct (RM) is defined as the fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results, and/or engaging in ordering, advising or suggesting that subordinates engage in misconduct in research, scholarship or creative activities. RM does not include honest error or differences of opinion. The RM offenses are defined as:
  - a. *Fabrication*: making up data or results and recording or reporting them.

- b. *Falsification*: manipulating research materials, equipment, or processes, or changing or omitting data or results such that research is not accurately represented in the research record.
  - c. *Plagiarism*: the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
2. *Research Noncompliance*: Noncompliance is defined as failure by any member of the research team to comply with applicable federal, state, or local laws, research ethics standards or with the determinations, policies and directives of the IRB, or other oversight authority such as study sponsors, collaborating educational or private institutions, etc. Noncompliance may be serious or non-serious, and isolated or continuing. Refer to Guidance section below.
- a. *Serious Noncompliance*. Noncompliance is serious when the action or omission poses a greater than minimal risk to research participants.
  - b. *Continuing Noncompliance*. Noncompliance is continuing if it is not an isolated event but consists of actions or omissions repeated over time affecting one or more research protocols.

## **Procedures**

### 1. Reports of Noncompliance

Any person with direct knowledge or reasonable suspicion of research noncompliance must report that information directly to the ORCI, and/or IRB Chairperson, and/or RIO. If willing, the person with direct knowledge of potential research noncompliance may also report that information to the PI. If reported to the PI, the PI shall take immediate corrective action to reduce or eliminate any imminent risk to participants that is posed by the potential reported noncompliance.

### 2. Noncompliance Investigations and Determinations

#### a. Initial Assessment

- i. The ORCI, the IRB Chairperson, and/or the RIO will conduct an initial assessment of the reported noncompliance and determine the immediate procedural steps required to reduce or eliminate any risk to currently enrolled or future research study participants. If the reported noncompliance affects an IRB-approved study and the risk minimization procedures include suspension or termination of some or all research-related procedures and interventions, the IRB Chair and RIO shall inform the PI. See *IRB Policy 1050: Suspension or Termination of Research Activities*.
- ii. The ORCI, IRB Chairperson, and/or the RIO will respond to the report of noncompliance consistent with *IRB Policy 1070: Responding to Concerns and Complaints About Human Subjects Research Activities*. Reports of noncompliance related to research activities that lack IRB approval will be forwarded as information to the RIO.

- iii. After discussion of the initial assessment, if the IRB Chairperson, RIO and ORCI determine the incident does not constitute noncompliance, or does not have sufficient merit or reason for further inquiry (i.e., the noncompliance is non-serious and does not reasonably impact the participants' rights, safety, or well-being, or the completeness, accuracy, and reliability of the study), this determination is documented, and if necessary, the PI will be notified. No further action is necessary.

b. Administrative Inquiry

- i. If the reported noncompliance is determined by the ORCI, the IRB Chairperson, or the RIO to have sufficient merit for an inquiry, a formal administrative inquiry will commence. The purpose of the administrative inquiry is to develop a written summary of findings of fact.
- ii. The RIO shall issue a written statement summarizing the initial assessment and the inquiry plan (if any) to the PI, the PI's Authorizing Official, the Chairperson of the IRB, and other individuals as deemed appropriate by the RIO.
- iii. At the direction of the RIO, the formal administrative inquiry, if required, will be completed by the ORCI. The ORCI will consult with the PI and others as appropriate (e.g., other protocol personnel, the IRB Chairperson, other members of the IRB, etc.) to complete the inquiry.
- iv. Following the completion of the formal administrative inquiry, the ORCI shall provide the RIO with a written report summarizing the proceedings and findings of the formal inquiry. The RIO will review the report and, if needed, seek clarifications and/or additional information from the ORCI; if needed, the ORCI will amend the report to address the clarifications and missing information. If desired, the RIO may forward the report to the IRB Chairperson and/or other members of the IRB for additional review.
- v. The RIO shall forward the draft of the written report summarizing the formal inquiry proceedings and findings to the PI. The PI's Authorizing Official will be notified that the PI has received the draft report. The PI will have ten business days to respond in writing to correct errors of fact within the draft of the written report. The written response is submitted to the RIO. If changes are required to the report, the RIO will coordinate with the ORCI to incorporate the changes, and the ORCI shall prepare an amended report. If the PI fails to respond to the RIO within ten business days, the report will be accepted as final.
- vi. The RIO will forward the final report to the PI, the IRB Chairperson, the PI's Authorizing Official, and other individuals as deemed appropriate by the RIO. The PI's response(s) to the draft report, if any, will also be forwarded to the recipients of the final report.

c. IRB Review of Noncompliance

- i. The IRB Chairperson will review the final report and determine if the noncompliance does or might constitute serious and/or continuing noncompliance.
  1. If the noncompliance is neither serious nor continuing, the rationale for this decision is documented, and the report does not require review by the convened IRB. The IRB Chairperson notifies the RIO of this determination, and the RIO then conducts a final review and determines appropriate administrative actions, if any (Procedures 2.d).
  2. If the noncompliance does or might constitute serious or continuing noncompliance, the report requires review by the convened IRB. The IRB Chairperson will determine if an emergency meeting of the IRB is necessary or if the review can occur at the next scheduled meeting of the IRB.
- ii. The convened IRB will determine whether the noncompliance is serious and/or continuing.
  1. The IRB may table the report and request that additional facts be collected or that a further investigation be conducted if necessary for its determinations.
  2. If the IRB determines that the noncompliance is neither serious nor continuing, the rationale for this decision is documented in the meeting minutes.
  3. If the IRB determines that the noncompliance is serious and/or continuing, the IRB will consider the following appropriate corrective actions which can be taken for one specific protocol or for multiple research protocols associated with the PI, depending upon the circumstances of the noncompliance:
    - a. Suspend or terminate IRB approval
    - b. Require additional information from the PI with a plan for corrective action
    - c. Transfer research to another investigator
    - d. Modify the protocol
    - e. Modify the informed consent form and/or information disclosed during the consent process
    - f. Provide additional information to active participants whenever the information may affect their willingness to continue participation
    - g. Provide additional information to past participants
    - h. Require current subjects to re-consent
    - i. Increase the frequency of continuing reviews
    - j. Observe the research and/or the consent process
    - k. Require additional training of the investigator and/or research team
    - l. Allow continuation of some research activities under the supervision of an independent monitor
    - m. Require additional follow-up of participants

- n. Consider whether changes made without prior IRB review and approval were consistent with ensuring the participants' continued welfare
    - o. Other actions as deemed appropriate by the IRB.
  - iii. The IRB will consider if the serious or continuing noncompliance might also meet the definition of an unanticipated problem. See *Policy 1020: Reportable Events: Protocol Deviations, Unanticipated Problems and Adverse Events*.
  - iv. The IRB is responsible for making determinations and determining corrective actions, if any, related to the human subjects regulations, GVSU IRB policies, and the IRB protocol(s) affected by the noncompliance. The rationale for all decisions made by the IRB is documented in the meeting minutes, and the IRB will issue the PI a formal letter, outlining the determination(s) made and any subsequent actions by the IRB. The IRB will forward a copy of this letter to the RIO.
- d. RIO Review of Noncompliance
  - i. Independent of any IRB review and any IRB required corrective actions, subsequent administrative actions may be determined by the RIO, either independently or in consultation with university counsel and other individuals as deemed appropriate by the RIO.
  - ii. The RIO will issue a final letter indicating the matter has been reviewed and outlining the results of the investigation, including any corrective or administrative actions as determined by the RIO. This final letter will be issued to the PI, the PI's Authorizing Official, the Chairperson of the IRB, and other individuals as deemed appropriate by the RIO. The RIO will monitor the PI's completion of any identified corrective or administrative actions.
  - iii. As appropriate and within a reasonable amount of time, the IRB Chairperson, ORCI or the RIO will submit to relevant internal and external authorities as required by regulation, law and practice, a brief written report of the serious or continuing noncompliance, the directed actions, if any, and any continued investigation or action plans.
- e. Documents relating to the inquiry, including but not limited to the findings, determinations, recommendations, and the reports of administrative actions by the RIO, will be retained per *IRB Policy 030: ORCI Document Retention and Maintenance*.

## **Guidance**

1. Unapproved research is considered a form of research noncompliance.

2. *Unapproved research* is defined as the commencing of any research activity involving living human participants that requires approval from the IRB, but has not received such approval. This includes research:
- a. For which no protocol has been submitted to the IRB;
  - b. For which a protocol was submitted, but not approved;
  - c. That was initially approved, but for which continuing review has lapsed;
  - d. That differs from what was approved by the IRB, if the changes implemented required, but did not receive, IRB approval; and/or
  - e. That required, but did not receive, approval from another IRB or was outside of what was approved by another IRB, even if the protocol was approved by the GVSU IRB.