VA Pittsburgh Healthcare System
Research and Development Committee

Standard Operating Procedures

VERSION 3.1

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Key Terms and Definitions:

Animal. According to this SOP, the term "animal" is defined as any live or dead vertebrate animals including dog, cat, non-human primate, guinea pig, hamster, rabbit, rat of genus Ruttus and mouse of genus Mus as well as birds that are used or intended for use in research, research training, experimentation, or biological testing, or for a related purpose. The term "animal" also includes any vertebrate animals or birds bred to be used or intended for use in research, research training, experimentation, or biological testing, or for a related purpose. The term excludes horses not used for research purposes and other farm animals, such as, but not limited to livestock or poultry, used or intended for use as food or fiber, or livestock or poultry used or intended for use in improving animal nutrition, breeding, management, or production efficiency, or for improving the quality of food or fiber.

Animal Research. Animal research, as used in this SOP, refers to any use of laboratory animals in research, testing, or training.

Association for Assessment and Accreditation of Laboratory Animal Care, International (AAALAC). AAALAC is the accrediting body for animal research programs recognized by VA.

Assurance. An Assurance is also called an Assurance of Compliance, or a Federal-wide Assurance (FWA). It is a written commitment by an institution to protect human subjects participating in research. Under federal regulations, any institution conducting or engaged in federally supported research involving human subjects must obtain an Assurance in accordance with 38 CFR 16.103. NOTE: All research conducted under VA auspices is considered to be Federally-supported. This requirement also applies to any collaborating “performance site” institutions. Under 38 CFR 16.102(f), an institution is engaged in human subject research whenever its employees or agents: intervene or interact with living individuals for research purposes; or obtain, release, or access individually-identifiable private information for research purposes. Assurances are filed through the VA Office of Research Oversight (ORO) with the Department of Health and Human Services (DHHS) Office for Human Research Protections (OHRP). The FWA replaces previous types of OHRP and VA assurances.

Biohazards. Biohazards include, but are not limited to, the following:
Pathogens and/or etiologic agents, human and non-human primate tissues including blood and body secretions, and human cell lines corresponding to BSL 1-4 (see subpar. 6a); (2) Toxins produced by microbial organisms (see Centers for Disease Control and Prevention (CDC)-National Institutes of Health (NIH). Biosafety in Microbiological and Biomedical Laboratories 4th Edition p. 237); (3) Poisonous, toxic, parasitic and venomous animals or plants; (4) Recombinant DNA molecules (see subpar. 6g.); (5) Select agents, as specified in Title 42 Code of Federal Regulations (see reference listed at paragraph 6.b); (6) Animals experimentally or naturally exposed to any of the above (see CDC-NIH. Biosafety in Microbiological and Biomedical Laboratories 4th Edition pp. 53-75).

Institutional Animal Care and Use Committee (IACUC). The IACUC is the local committee charged with ensuring compliance with animal research regulations and guidelines. In the VA system, the IACUC is organized administratively as a subcommittee of the Research and Development Committee.

Institutional Biosafety Committee (IBC). IBC is the subcommittee of the R&D Committee that reviews and approves the use of hazardous substances in VA research.

Human Research Protection Program (HRPP). An HRPP is a comprehensive system to ensure the protection of human subjects participating in research. The HRPP consists of a variety of individuals

and committees such as: the Medical Center Director, Associate Chief of Staff (ACOS) for Research and Development (R&D), the Administrative Officer (AO) for R&D, compliance officers, etc., the R&D Committee, the IRBs, other committees or subcommittees addressing human subjects protection (e.g., Biosafety, Radiation Safety, Radioactive Drug Research, Conflict of Interest), investigators, IRB staff, research staff, health and safety staff (e.g., Biosafety Officer, Radiation Safety Officer) and research pharmacy staff. The objective of this system is to assist the institution in meeting ethical principles and regulatory requirements for the protection of human subjects in research.

Human Subject. A human subject is a living individual about whom an investigator conducting research obtains data through intervention or interaction with the individual or through identifiable private information (38 CFR 16.102(f)). The definition provided in the Common Rule includes investigators, technicians, and others assisting investigators, when they serve in a "subject" role by being observed, manipulated, or sampled. As required by 38 CFR 16.102(f) an intervention includes all physical procedures by which data are gathered and all physical, psychological, or environmental manipulations that are performed for research purposes.
NOTE: The FDA definition of human subject differs according to the applicable regulation. See 21 CFR 812.3(p), 21 CFR 50.3(g), 312.3(b,) and 56.102(e).

Institution. In the context of this SOP, an institution is a VA medical center or integrated VA health care system and its satellite facilities including community-based outpatient clinics.

IRB. An IRB is a board established in accordance with and for the purposes expressed in the Common Rule (38 CFR 16.102(g).) Within VHA, an IRB was formerly known as the Subcommittee on Human Studies. At VA medical centers, the IRB is a subcommittee of the R&D Committee.

Office of Research and Development (ORD). ORD is the office within VA Central Office responsible for the overall policy, planning, coordination, and direction of research activities within VHA. NOTE: The Research Integrity Development and Education Program (PRIDE) is the program within ORD that is responsible for training, education, and policy development related to human subjects protection.

Office of Research Oversight (ORO). ORO is the primary VHA office for advising the Under Secretary for Health on all matters regarding compliance and oversight of research in the protection of human subjects, animal welfare, and research safety. ORO oversees investigations of allegations of research misconduct.

Principal Investigator (PI). Within VA, a PI is an individual who conducts a research investigation, i.e., under whose immediate direction research is conducted, or, in the event of an investigation conducted by a team of individuals, is the responsible leader of that team. The FDA considers a PI and an investigator to be synonymous.

Quorum. A quorum is defined as a majority of the voting members as listed on the R&D Committee membership. At meetings of the R&D Committee, a quorum must be established and maintained for the deliberation and vote on all matters requiring a vote.

Research. Research is defined as the testing of concepts by the scientific method of formulating a hypothesis or research question, systematically collecting and recording relevant data, and interpreting the results in terms of the hypothesis or question. The Common Rule (38 CFR 16) defines research as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. NOTE: The FDA definition of research differs

according to the applicable regulations; see 21 CFR 812.3(h), 21 CFR 50.3(c), 21 CFR 56.102(c), and 21 CFR 312.3(b).

Research and Development (R&D) Committee. The R&D Committee is charged with overseeing and the medical center's research program. At VAPHS, committees such as the IACUC, Institutional Biosafety Committee (IBC), Research Scientific Evaluation Committee (RSEC), both VAPHS Institutional Review Boards (IRBs), and the VA Central IRB are technically subcommittees of the R&D Committee.

Systemic Deficiency. A fundamental underlying problem that jeopardizes the effectiveness of the facility's research protection system(s).

VA Investigator. A VA Investigator is any individual who conducts research while acting under a VA appointment, including Without Compensation (WOC) employees, or individuals appointed or detailed to VA under the Intergovernmental Personnel Act (IPA) of 1970. Individuals working under a contract with VA cannot conduct research **as a Principal Investigator (PI)** under a WOC appointment.

VA Research. VA research is research that is conducted by VA investigators (serving on compensated, WOC, or IPA appointments) while on VA time. The research may be funded by VA, by other sponsors, or be unfunded. The research must be approved by the R&D Committee before it is considered VA research and before it can be initiated. NOTE: VA space cannot be used by a VA investigator or other third party for non-VA research unless there is appropriate legal authority to do so, and the parties enter into an appropriate real property agreement that complies with applicable law and VA policy.

VA Sensitive Information. VA sensitive information is all Department information and/or data, on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual, but also includes other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions. (38 U.S.C. § 5727) Please see VHA Handbook 1200.12 (Use of Data and Data Repositories in VHA Research) for specific examples of VA sensitive information.

I. Description

In accordance with VHA Handbook 1200.01, the VAPHS has an established R&D Committee (R&DC). The R&D Committee is responsible, through the Chief of Staff (COS), to the medical center Director for advising and assisting the medical center Director in providing oversight, planning and execution of the VAPHS research program. Additionally, the R&D Committee is responsible for assisting the medical center Director in maintaining high standards throughout the R&D Program. Those standards include ensuring the: (a) scientific and ethical quality of VA research projects, (b) the protection of human subjects in research, (c) the safety of personnel engaged in research, (d) the welfare of laboratory animals, (e) security of VA data, and (f) the security of VHA research laboratories.

The Standard Operating Procedures (SOPs) for VA Pittsburgh Healthcare System (VAPHS) Research & Development Committee serves as a reference for R&D Committee Members, subcommittee members, investigators and VAPHS administrative staff. These SOPs detail the policies and procedures guiding the activities of the R&D Committee and the regulations and policies that govern the R&D Committee in its oversight of the VAPHS Research Program.

II. Research and Development Program Roles and Authority

A. Responsibilities of the Medical Center Director

The medical center Director serves as the Institutional Official responsible for all aspects of the VAPHS research program, including but not limited to: human subjects protection, the welfare of research animals, privacy and security of VA data, and the safety and security of research laboratories and laboratory staff. In this role, the medical center Director is responsible for:

1. Establishing the position of and appointing an ACOS/ R&D in accordance with VHA Directive 1200.02.
2. Ensuring that research in which VAPHS is engaged is approved by the R&D Committee, after approval by all its applicable subcommittees.
3. Ensuring that there are adequate resources and administrative support, including personnel, space, and equipment for the R&D Committee and its subcommittees to fulfill their responsibilities.
4. Ensuring appropriate education and training for members of the R&D Committee and its subcommittees, the research administration staff, and other staff involved in research as outlined in Section II.C below.
5. Ensuring that investigators meet the requirements outlined in Section II.C. below.
6. Ensuring that research in which VAPHS is engaged is conducted in compliance with all applicable regulations and policies.
7. Suspending research when there are real or perceived safety issues related to the research subjects, research staff, the welfare of research animals, or other serious concerns. This responsibility may be delegated to the Chief of Staff or to the ACOS/R&D.
8. Ensuring that VA research space is not used for non-VA research unless there is appropriate legal authority to do so and the parties enter into a valid real property agreement that complies with applicable law and VA policy.
9. Appointing members of the R&D Committee.

B. Responsibilities of the Associate Chief of Staff for Research and Development (ACOS/R&D)

The ACOS/R&D is responsible for the day-to-day activities of the research program and reports through the COS to the Director as outlined in VHA Directive 1200.02. The ACOS/R&D is also responsible for:

1. Notifying the investigator when a research project can be initiated. This notification occurs only after the research project has been approved by all applicable R&D Committee subcommittees, and after the R&D subcommittees' notifications of approvals have been approved by the R&D Committee. The ACOS for R&D is responsible for notifying the investigator of approval after continuing review by the appropriate R&D Committee subcommittees.
2. Functioning as the Executive Secretary of the R&D Committee.
3. Ensuring that all requests for WOC appointments for research have been appropriately justified and the appointments are in compliance with all applicable research, Human Resource Management, and other VA policies.
4. Ensuring that all minutes of the R&D Committee and its subcommittees are sent to the Medical Center Director and Chief of Staff for review and appropriate action.

5. Ensuring that a copy (paper or electronic) of all approved research protocols, amendments, consent document templates, and other documents submitted to a research review committee/subcommittee, and documents related to the actions of the research review committees are maintained in and controlled by the VA Research Office.
6. Conducting the following quality assurance reviews on an annual basis:
    a. Review of publications assessing the acknowledgement of VA support and affiliation.
    b. Review of research employees involved in human subject research to ensure the employees are working within their scopes of practice and their privileges allowed by the facility's by-laws and granted to them by the facility.
    c. Review of Cooperative Research and Development Agreements (CRADAs) and other agreements in support of the research program or specific research projects and an assessment of the impact of these agreements on the research program, when applicable.

The ACOS/R&D will share the results of these quality assurance reviews with the R&D Committee and provide updates regarding any issues on a periodic basis.

C. Responsibilities of VA Investigators

VA Investigators must hold an official appointment (compensated, WOC, or IPA) from HRMS prior to conducting VA research or holding any role in the Research Service. Specific responsibilities include but are not limited to:

1. Conducting VA research only within their area of expertise/experience that is consistent with their job description, and where applicable, holding all required credentials and privileges prior to initiating any VA research or research activities.
2. Complying with all applicable personnel, applicable law, and VA requirements whether the investigator is compensated, WOC, or IPA.
3. Obtaining the complete approval of all appropriate non-research entities and the R&D Committee subcommittees, and written notification from the ACOS for R&D prior to initiating a research project.
4. Developing a protocol that is scientifically valid; minimizes risk to human subjects, animals used in research, and personnel; and contains a sufficient description of the research to allow the R&D Committee and/or its subcommittees to fully review the research protocol, including all procedures, plans for statistical analysis of the data, plans for the confidentiality and security of the data, and plans for maintaining confidentiality of the information, and is congruent with the funding application/grant.
5. Developing and implementing plans for data use, storage and security that are consistent with Federal Information Security Management Act, HIPAA, Office of Management and Budget Guidance, National Institute of Standards and Technology Standards, VA Directive 6500, and other legal requirements and agency policy.
6. Preparing and submitting information, at least annually or as more often as required, on his/her research program(s) and each project to the appropriate R&D Committee subcommittee for continuing review.
7. Ensuring that all research proposals, from any source, support the VHA's mission

8. Sending the protocol and/or proposal to the Research Office to ensure the Research Office is aware of the submission. This allows the Research Office to act upon the submission as needed, enter the protocol/proposal into the Research Office tracking system, and forward the protocol/proposal to the funding institution, if applicable.
9. Ensuring that, when serving as the PI, all research staff are qualified (including but not limited to appropriate training, education, expertise, and credentials) to perform procedures assigned to them during the course of the research.
10. Initiating research, including collecting data, only after receiving notification that the protocol has been approved by all required committees and subcommittees.
11. Assuming full responsibility for all aspects in conducting the research. If responsibility for all aspects of the research cannot be fulfilled the research may need to be amended, suspended, or terminated.

In addition, the following apply to VA Investigators:

1. All research data and biological specimens generated during the conduct of a VA-approved Research Protocol are the property of VA and are not owned by the Investigator, unless there is a valid agreement (e.g. CRADA or other equivalent) that establishes that data collected by VA belong to the sponsor with a copy retained by VA. The original research data, unless collected under a CRADA, are part of the Federal record for the study and must be maintained by VA.

a. All data developed, used, or shared must comply with all VA and Federal regulations.

b. Research data collected for VA approved research must comply with all applicable Federal regulations and VA policies.

2. VA Investigators must only conduct VA research in VHA medical facility space and/or in third party space that VA has the legal authority to use for the intended purpose, and for which the parties have entered into an appropriate agreement such as a real property agreement that complies with applicable law and VA policy. Examples of these include but are not limited to a Revocable License, lease, or permit.

3. VA resources must not be used for non-VA research unless there is specific authority allowing such use. If the Investigator holds a compensated appointment at the university affiliate or other entity, the Investigator must ensure that the Investigator's protocols submitted for review do not specifically require that any contract or the scientific integrity of the protocol involve the academic affiliate or the other entity in a way that would violate any financial conflict of interests statutes, including those violations that can be criminal, such as 18 U.S.C. 208.

4. All publications and presentations resulting from an Investigator's research at VA must appropriately acknowledge VA support and VA employment as required by VHA Handbook 1200.19. They must also include the disclaimer stating that the contents do not represent the views of VA or the United States Government.

5. When the research is conducted at another VA medical facility or other institution, permission must be obtained from the VA medical facility/institution's Director or equivalent individual.

III. Responsibilities of the R&D Committee

A. Oversight of the Research Program

The R&D Committee is responsible for ensuring the effective operation of the research program through oversight of the R&D Committee's subcommittees and making appropriate recommendations, including space and resource needs, to the medical center Director based on the Committee's oversight and evaluation of the research program.

The R&D Committee must accomplish its responsibilities through the following activities or procedures:

- Planning and developing broad objectives for the research program so that it supports VA's mission
- Determining the extent to which the research program has met its objectives
- Overseeing all research activities for the VAPHS

In fulfilling its responsibilities the R&D Committee needs to rely on a variety of information sources including:

- Quality assurance activities, reports to the committee by the ACOS/R&D, AO/R&D, or other research staff members, subcommittee reports, facility reports or activities, and other appropriate resources.
- Review of subcommittee activities including:
  - Annual reviews of the Research Safety and Security Program (including planned training, compliance, security issues, etc.),
  - The Animal Care and Use Program (including inspection reports, IACUC composition, IACUC arrangements, budgets, space, support staff, training, quality improvement activities, compliance issues, and goals for the next year), and
  - The Human Research Protection Program (including IRB composition or IRB arrangements, credentialing and training status report, budget, space, support staff, quality improvement activities, compliance issues, and goals for the next year).

B. Review of Research

The R&D Committee is also responsible for establishing policy to ensure that all research in which the facility is to be engaged must be reviewed and approved for the ethical use of human subjects, animal, and biohazards. At VAPHS, the R&D Committee delegates the reviews of specific research proposals/projects to its subcommittees (e.g., the IRBs, RSEC, IACUC, and IBC). Additional reviews may also be conducted by relevant non-research committees (e.g., Radiation Safety Committee). Projects which cannot be assigned to one of the above subcommittees will be reviewed by the R&D Committee itself. Each review must promote:

1. Maintenance of high scientific standards of protocol review, and relevance to the mission of VA.
2. Protection of human subjects (including privacy and confidentiality) and the implementation of adequate safety measures for research subjects.
3. Welfare and appropriate use of animals in research.
4. Safety of personnel engaged in research.
5. Security of research laboratories where hazardous agents are stored or utilized and of all Biosafety Level 3 (BSL-3) research laboratories.

6. Security of VA data, VA protected information (VAPI), and VA sensitive information.

IV. R&D Committee Membership

A. Voting Members

The R&D Committee must consist of at least 5 voting members. The membership is selected to assure appropriate diversity, including representation by multiple professions and expertise, varying racial and ethnic backgrounds, and both genders. At least two members must be VAPHS investigators who are actively engaged in major R&D programs or who can provide R&D expertise. Whenever possible, at least one voting member will have expertise in biostatistics and research design.

1. Appointment of R&DC Members, Length of Service and Duties

Appointment: The voting members (both primary and alternates), are appointed by the Medical Center Director in writing and serve terms of 3 years, with a possibility for extension. Members may be reappointed without any lapse in time if it is deemed in the Committee's best interest. The terms of members are staggered to provide partial change in membership annually. Nominations for membership come from current R&D Committee members, subcommittee members, and this facility's staff.

Qualifications of Members/ Composition of Boards: In the appointment of R&D Committee members, equal consideration shall be given to qualified persons of both genders. No appointment to the R&DC shall be made solely on the basis of gender. Every effort will be made to ensure that the R&DC membership does not consist entirely of men or entirely of women. The R&DC members will not consist entirely of members of one profession. The R&DC members shall be sufficiently qualified to review the research through their experience, expertise and diversity, including consideration of race, gender, cultural backgrounds, and sensitivity to community issues and/or attitudes. Voting members of the R&D Committee must include:

(a) At least two members from the VAPHS staff who have major patient care or management responsibilities
(b) At least two members who are VA investigators actively engaged in major R&D programs or who can provide R&D expertise.
(c) At least one member who holds an academic appointment, and is either a full time Federal employee or a part-time permanent Federal employee.

All voting members must be compensated full-time or permanent part-time federal government employees and may fill more than one criterion required for membership.

Alternate members may substitute for voting members and are formally appointed as alternate members by the Director of the VAPHS. These alternates replace regular R&D Committee members who are, on occasion, unable to attend convened meetings of the R&DC. The R&DC roster identifies the primary member(s) for whom each alternate member may substitute. The alternate member's qualifications shall be comparable to those of the primary member(s) to be replaced. When an alternate member replaces a primary member, the alternate member shall have received and reviewed the same material that the primary member would have received. In addition, the R&DC minutes shall document when an alternate member replaces a primary

member. If the alternate member and the primary member both attend an R&D Committee meeting, only the primary member may vote and only the primary member counts towards the quorum. If a primary member cannot attend a meeting, that member is responsible for notifying his/her alternate at least 5 business days before the meeting and for ensuring that the alternate receives the appropriate review material.

Duties: Each R&DC member is expected to attend the convened meetings of the R&D Committee. Members are also expected to have reviewed the agenda for each meeting in advance of the meeting and be prepared for any subsequent discussion.

The R&DC Chairperson has the authority to declare the position of any R&DC member vacant if the R&DC member misses more than two consecutive R&DC meetings or more than five meetings during the course of a 12 month period or fails to consistently provide written reviews when requested. In this case a nomination for a replacement will be requested from among R&DC membership, subcommittee members, or VAPHS staff. Names of any nominees will be forwarded to the medical center Director by the R&D Committee.

Evaluation: R&DC members will be evaluated annually by the R&DC chairperson and the vice chair. The evaluation will be based on qualifications, fulfillment of education and training requirements, and attendance at required meetings.

2. Appointment of Chairperson and Vice Chairperson, Length of Service and Duties

Committee members, exclusive of the Ex-officio members, elect a Chairperson once every two years. The Chairperson is approved and officially appointed, in writing, by the Medical Center Director for a term of 2 years. The Chairperson may be re-appointed without any lapse in time. The Chairperson must not simultaneously chair a subcommittee of the R&D Committee.

The Committee members, exclusive of Ex-officio members, elect a Vice-Chairperson. The Vice-Chairperson is also approved and officially appointed, in writing, by the Medical Center Director for a term of two years. The Vice-Chairperson may be re-elected without any lapse in time and assumes the responsibilities of the Chairperson when the Chairperson is not available. The Chairpersons shall have the right to resign from the position of Chairperson upon notifying both the ACOS/R&D and the Medical Center Director within three months advance notice whenever possible to allow for an orderly transition.

Qualifications: The Chairperson of the R&D Committee shall be a voting member who has a significant physical presence at the VAPHS and is involved with the research program. The R&DC Chairperson and R&DC Vice-Chairperson will have earned the M.D., Ph.D. or equivalent degree The Chairperson and Vice Chairperson must have at least one year of R&D Committee membership experience and must have completed all required R&D Committee member training as described in Section IV.D. prior to appointment.

Authority: The R&DC Chairperson and Vice Chairperson have the authority to approve the agendas of the R&DC meetings as presented by the Research Office. The R&DC Chair and Vice-Chair will represent, or appoint other members to represent, the R&DC to the institutional administration, and the research staff. The R&DC Chairperson or Vice Chairperson also has the authority to call an ad-hoc meeting of the R&D Committee as necessary.

Duties: The R&DC Chairperson and Vice Chairperson are charged with the following responsibilities:

A. To convene, conduct and ensure the documentation of all the meetings and official business of the R&DC as well as to assure timely distribution of the monthly meeting agenda.
B. To ensure that all R&DC members meet minimum training requirements.

Evaluation: The R&DC Chairperson and Vice-Chairperson will be evaluated annually by the ACOS/R&D. The evaluation will be based on qualifications, fulfillment of education and training requirements, and attendance at required meetings.

B. Ex-Officio Members

1. Ex-Officio Voting Members: Each of the R&D Committee's subcommittees must be represented on the R&DC. As such, by virtue of their positions, each subcommittee chair is appointed as an ex-officio voting member of the R&D Committee provided that their employment status allows such. In the case of the IRB, the overall IRB Chair is appointed as an ex-officio voting member. Subcommittee chairs unable to serve as voting members will be appointed as Ex-Officio non-voting members (described in Section II.2.B.). Each Ex-Officio voting member will also have an alternate, who is formally appointed by the Director of the VAPHS.

2. Ex-Officio Non-Voting Members: Ex officio non-voting members of the R&D Committee include the medical center Director, the COS, the ACOS for R&D, the Deputy ACOS for R&D, the Business Manager for R&D, AO for R&D, and Investigational Drug Service Representative. The ACOS for R&D functions as the Executive Secretary of the R&DC. Subcommittee Chairpersons who, due to their employment status, cannot serve as voting members of the R&DC will be appointed as ex-officio non-voting members. Other ex-officio members may be appointed to the Committee if their appointments assist the R&D Committee in fulfilling its responsibilities. If the ex-officio members are not full-time or permanent part-time compensated VA or federal employees, they only provide individual advice to the R&D Committee, or exchange facts and information.

C. Guests

Others may be invited to assist the R&D Committee because of their competence in special areas in the review of issues requiring expertise beyond, or in addition to, that available on the Committee. For example, the VAPHS Research Compliance Officer(s) may attend to present or discuss research compliance or other regulatory issues. These individuals may not contribute to a quorum or deliberate or vote with the committee.

D. Training and Development of R&DC Members

R&D Committee members are provided with a copy of the R&D Committee SOP at the time of their appointment to the committee and each time the SOP is updated. The VAPHS Research Education and Policy Office works closely with the ACOS/R&D, AO/R&D, and Committee Chairs to write and maintain the SOP. The SOP is reviewed and modified as needed to ensure compliance with contemporary federal and institutional regulations and policies.

All voting members of the R&D Committee fulfill the educational requirements specified by VHA, ORD, and other applicable Federal regulations found on ORD's website at: www.research.va.gov.

V. Subcommittees of the R&DC

A. Subcommittee Establishment

The R&D Committee may establish any subcommittee(s) deemed necessary for the efficient and effective management and oversight of the R&D program. The R&D Committee serves as a parent committee to all of its subcommittees and must review and approve subcommittee minutes. Each subcommittee must make available to the R&D Committee a complete, unredacted final set of minutes to be reviewed by the R&D Committee.

Subcommittee members must be compensated Federal employees, WOC, or IPAs. Findings and recommendations of the subcommittees are recorded and reported to the R&D Committee. At VAPHS, review and approval of specific protocols are managed by the subcommittees. The specific subcommittees include:

1. VAPHS Institutional Review Boards (IRBs #1 and #2)

The R&D Committee has charged the VAPHS IRB #1 and VAPHS IRB #2 with the oversight of all research activities involving the use of human subjects. This includes the responsibility of maintaining the assurances of compliance set forth in the Federal Wide Assurance obtained from the OHRP. The R&D Committee may only approve research involving human research subjects in accordance with all applicable Federal, VA and accreditation requirements in the protection of human research subjects and operations of the IRBs. The R&D Committee oversees the IRBs in this responsibility [VHA Handbook 1200.05, Requirements for the Protection of Human Subjects in Research]

2. VA Central IRB (VA CIRB)

The VA Central IRB oversees certain multisite human subject research that has been designated as appropriate for VA Central IRB review by the VA Office of Research and Development (ORD). The VAPHS R&D Committee serves as the parent committee to the VA Central IRB in its responsibilities as they relate to research being conducted by VAPHS Principal Investigators/Local Site Investigators that is under the oversight of the VA Central IRB.

3. Institutional Animal Care and Use Committee (IACUC)

The R&D Committee has charged the VAPHS IACUC with ensuring compliance with all applicable animal research regulations. The R&D Committee oversees the IACUC in this responsibility. VHA Handbook 1200.07 (Use of Animals in Research Handbook) and the Guide for the Care and Use of Laboratory Animals as the main resource used by the Association for AAALAC council on accreditation contain the procedures and principles by which the IACUC abides in the review and conduct of research involving animal research subjects.

4. Institutional Biosafety Committee (IBC)

The R&D Committee has charged the IBC with reviewing all research laboratory operations to ensure that accepted safety standards are being met, and to recommend corrective action if

necessary when deficiencies are revealed. This committee is also charged with the review of research proposals involving toxic and/or hazardous chemicals, recombinant DNA or potential biohazards. It assesses the impact of each agent on the safety of personnel working in research laboratories. It abides by the policies outlined in VHA Handbook 1200.8 (Safety of Personnel engaged in research).The IBC is also responsible for managing biosecurity issues and ensures compliance with VHA Handbook 1200.06 (Control of Hazardous Agents in VA Research Laboratories). In addition, the IBC has been delegated to ensure that weekly review of access records for VA laboratories occurs and to review relevant documentation.

5. Research Scientific Evaluation Committee (RSEC)

The purpose of this subcommittee is to assist the R&D committee in ensuring that research performed at VAPHS is of appropriate scientific quality and to provide assistance for new investigators in preparing competitive merit reviews. As such the R&D Committee has charged the RSEC with reviewing all protocols that will not be reviewed by one of the IRBs or IACUC, as well as all projects that will be submitted for peer-reviewed funding. All human studies that are initially reviewed by one of the IRBs and determined to be exempt from IRB requirements will undergo continuing review by the RSEC. The RSEC may also be asked to review other projects at the request of the other subcommittees.

B. Subcommittee Records

Each subcommittee must maintain adequate records, and retain such records according to VHA Directive 6300. These records include the following:

1. Copies of all research proposals and their amendments reviewed by the subcommittee and any accompanying materials.

2. All continuing or final reports.

3. Minutes of its meetings.

4. Copies of all written correspondence.

5. A membership list of all voting, non-voting, and ex-officio members including their appointed roles.

6. Written records documenting actions taken to carry out the Committee's responsibilities.

7. Standard Operating Procedures (SOPs)

8. All communication to and from investigators, other committees, subcommittees, and other entities or individuals.

Research records may be electronic or paper. When original signatures are required on documents, either a paper copy of the signature sheet must be maintained or an electronic signature may be used. If an electronic signature is used, it must meet all the requirements of VA,

the OHRP Office, the FDA, and any other Federal requirements. Communications requiring signature authority may only use email if the electronic signature meets all VA OI&T requirements. Email must be in compliance with applicable VA policies.

At VAPHS each subcommittee is assigned a coordinator who is responsible for maintaining subcommittee records related to each of the above. All protocol specific records, however, are maintained in centrally located files within the Research Office or are stored electronically via ProSPECT (Protocol Submission Portal and Electronic Communications Tracker). Files are generally organized by the investigator's last name and project number.

Any project which requires review by non-research entities (such as the Radiation Safety Committee) must be reviewed and approved by those non-research entities prior to R&D Committee approval being granted. The research may not be initiated until all applicable R&D Committee subcommittees have granted approval, the R&DC has approved, and the investigator has been notified in writing by the ACOS/R&D/Designee.

VI. Meetings

A. Frequency

The R&D Committee holds meetings at least once per month. Additional meetings may be added at the discretion of the Chair.

B. Agenda

An agenda is developed prior to each meeting and is distributed to members five (5) business days prior to the meeting date.

The agenda includes the following:

1. Review and approval of R&D Committee minutes of the previous meeting.
2. Review and approval of each subcommittee's meeting minutes.
3. Old Business, any issues unresolved from a previous meeting.
4. Announcements, informational items, and new non-study specific issues that do not require a vote.
5. New business, any issue that has arisen since the last meeting, including an en bloc review of those projects reviewed and granted initial approved by the subcommittees.

C. Quorum

A quorum is defined as more than half of all voting members. A quorum is required in for discussion of all items of business and for votes. It is strongly preferred that R&D Committee members be physically present at convened meetings. Members may be considered present if participating by teleconference or videoconferencing. Members participating via teleconference or videoconference must have received all pertinent material prior to the meeting and must be able to participate actively and equally in all discussions.

Unscheduled meetings may be held in response to ad-hoc issues. There must be a quorum present in person or by teleconference or videoconference for any unscheduled meetings. A quorum must be present to conduct business and must be present for each vote.

Members absenting themselves due to conflicts of interest may not be counted toward quorum requirements or be counted as among the majority of members necessary to constitute a quorum.

An individual who is not listed on the official R&DC membership roster may not vote with the R&DC.

Any ex-officio non-voting member of the R&DC may not vote with the R&DC.

When a member and his/her alternate both attend the meeting, only one can vote.

D. Decisions

Rules of parliamentary order will apply. Following the initial discussion, the Chair will seek a motion from the voting members. A motion will then be voted on and will pass with the vote of a simple majority of voting members present in the meeting room at the time of the vote.

E. Minutes

Minutes for each meeting are recorded. The minutes include the following information:

1. A list of all voting members and non-voting members, including ex officio members, indicating the category of their membership and whether they are present or absent. If an alternate is present in place of a voting member, the minutes indicate this fact and name who the alternate member is replacing.

2. The presence of a quorum. The quorum determination is verified and recorded by the research office staff member taking the minutes at the meeting.

3. Actions taken by the committee, to include:

    a. The type of action.

    b. The vote on the action, including the number for, against, and abstaining. In addition, any recused member from the vote is named, and whether the person was present during the discussion and the vote must be noted. If the member decides to be recused, the member must not be present for the discussion or vote.

    c. The basis for requiring changes to a research project, program, or center to obtain approval.

    d. Any required follow-up and which committee, subcommittee, or person is responsible for the follow-up.

e. The basis for disapproving a research project, program, or center when this occurs.

f. Action taken on minutes submitted to the Committee if not recorded in other R&D Committee records.

4. All minutes of the R&D Committee and its subcommittees are sent to the medical center Director through the ACOS for R&D and COS for review and signature.

F. Conflict of Interest

Like all VA employees, VA investigators and R&D Committee members comply with the Standards of Ethical Conduct for Executive Branch Employees and the Federal criminal code. The obligation to follow applicable ethics laws and regulations also applies to WOC employees and IPA's conducting VA research or participating on a R&D Committee. R&D Committee members and VA investigators must also comply with VA requirements on financial conflicts of interest in research. Failure to follow these ethics laws and regulations can have serious consequences. If criminal ethics statutes are violated, civil fines and imprisonment can result. Severe administrative disciplinary action can result from violating ethics regulations, including suspension from employment, termination of employment, and/or other administrative punishment.

R&D Committee members with outside consulting, employment, or royalty payment opportunities must ensure that these activities do not present any actual or perceived financial conflict of interest, and must recuse themselves from any review for which any conflict of interest may exist. Such members may not be present during the deliberations or the vote.

It is the policy of the R&DC that members recuse themselves from any deliberations or vote if they have any significant real or perceived conflict of interest with any issue being discussed. The member may not count toward quorum for that item. If a member has financial conflicts of interest or other relevant conflict of interest related to an issue being discussed, the member must declare that conflict of interest and recuse him/herself from deliberations and voting. In general, conflict of interest issues do not apply to the R&D Committee's "en bloc" review of subcommittee initial approvals since the review is not study specific and focuses more on the actions taken by the subcommittee. Additionally, conflict of interest issues do not apply to the R&D Committee's review of subcommittee actions related to programmatic non-compliance since the focus of these reviews is on the actions taken by the subcommittee only. R&DC members should however remain cognizant of any perceived conflict and recuse themselves when appropriate.

VII. Review Items

A. Policies and Standard Operating Procedures

The R&D Committee is responsible for reviewing all new or modified policies and standard operating procedures related to the conduct of research at VAPHS. These include policies and SOPs related to subcommittee functions and those addressing general research program operations. The R&D Committee must ensure that the policies and procedures governing these committees are consistent with the relevant VHA Handbooks and Directives. Upon the conclusion of the review, the R&DC makes one of the following determinations:

1. The document is approved without changes,
2. The document is approved with specific changes to be made prior to implementation
3. Specific changes are required before the document can be approved. In this case the committee must also determine whether or not the revised document needs to be reviewed and approved by the fully convened committee prior to approval or if review and approval by the Chair/designee is acceptable; or
4. The document should be reviewed by other parties (ex. legal counsel) prior to final R&DC approval.

Each policy and SOP is marked with the approval date. This date corresponds to the date that the R&D Committee (either the fully convened committee or Chair/Designee) approved the document. All policies are also signed-off on by the R&D Committee Chair and the ACOS/R&D. Signatures may be real or may be documented by electronic signature.

B. VAPHS Subcommittee Initial Approvals

Each VAPHS subcommittee of the R&D Committee [i.e., the VAPHS Institutional Review Boards (IRBs), Institutional Biosafety Committee (IBC), Research Scientific Evaluation Committee (RSEC), Institutional Animal Care and Use Committee (IACUC) and other such entities] must notify the R&D Committee of initial project approvals via a written communication signed by a voting committee member of the committee. In particular, once a project has been reviewed and approved by a subcommittee, a subcommittee approval letter, signed by the subcommittee Chairperson/Designee is drafted. The approval letter is then forwarded to the R&D Committee as notification of subcommittee approval. Each of the projects for which there is an approval letter is then placed on the next R&D Committee agenda for review and approval. During the meeting, the R&D Committee completes an “en bloc” review of the list(s) of projects and takes an action on each subcommittee list. If approved, a letter, signed by the R&D Committee Chair or Designee, indicating that all appropriate subcommittee and R&D Committee approvals have been obtained is then issued to the ACOS/R&D. Only once R&D Committee approval is granted does the research become VA approved research. No study can be initiated until the ACOS/R&D/Designee notifies the investigator that the project has been approved by all relevant committees, subcommittees, or other entities.

If, under any circumstances, the R&D Committee disapproved a project or list of projects approved by a subcommittee, a letter from the R&D Committee Chair to the appropriate subcommittee chair would be issued, noting the reason for disapproval.

C. VA Central IRB

1. Initial Reviews: All studies approved by the VA Central IRB in which the VAPHS is serving as the Principal Investigator/Study Chair (PI/SC) site or a local site must also be approved by the VAPHS R&D Committee. Procedures related to correspondence between the VA Central IRB and the VAPHS R&D Committee regarding initial review are described in VAPHS R&D Policy #015, Use of VA Central IRB, Sections 7.1 and 7.2. At the time that the R&D Committee is notified of the VA Central IRB’s initial approval, the R&D Committee will verify that the project has the appropriate budget, resources, and that local issues have been

appropriately resolved. Once R&D approval has been obtained, the R&D Committee will notify the ACOS/R&D of R&D approval. Only once a letter from the ACOS/R&D to the investigator indicating that all appropriate approvals are in place can the project begin. If the R&D Committee has concerns or does not wish to approve the project this will be communicated to the ACOS/R&D and the VAPHS Central IRB Liaison.

2. Continuing Reviews: The VA Central IRB will conduct continuing review of approved projects at least once per year, or more often if determined appropriate. The R&D Committee will not conduct continuing reviews.

D. Subcommittee Annual Reports

The R&DC must perform a review and evaluation of all subcommittees at least annually. Each subcommittee is responsible for submitting an annual report to the R&DC outlining its activities over the prior 12 months. The reports should include, but are not limited to the following information:

- A review of the subcommittee membership/composition
- A review of the resources allocated to the subcommittee (including support staff and space)
- A summary of any quality improvement/quality assurance activities conducted to assess or improve subcommittee operations
- Goals for the upcoming year

A representative from each respective subcommittee is required to attend the meeting(s) and provide an oral presentation summarizing the activities of the subcommittee during the previous year.

In accordance with VHA Handbook 1200.01, the medical center Director must be provided with a summary of these reviews and evaluations annually. At VAPHS, the Director is invited to attend the meeting(s) in which these reviews and evaluations take place. The summary and evaluations are also forwarded to the Director in the form of meeting minutes.

E. Program Evaluations

As part of the subcommittee annual reports, the R&D Committee must also conduct annual review activities including:

- The Research Safety and Security Program (including planned training, compliance, security issues, etc.).
- The Animal Care and Use Program (including inspection reports, budgets, space, staffing, training, compliance issues, and goals for the upcoming year)
- The Human Research Protection program (including credentialing and training status reports, budget, space support staff, quality improvement activities, compliance issues, and goals for the upcoming year)

These program evaluations can be done in conjunction with subcommittee reviews, when appropriate. A report must be prepared and submitted to the R&D Committee for review. A

representative of each program must be physically present at the R&D Committee meeting to summarize the report and answer any questions raised by the Committee. Actions taken are outlined in Section VIII.

F. Subcommittee Minutes

Each R&DC subcommittee must make available to the R&D Committee a complete, unredacted final set of minutes for review and approval. In the instance that there is any question or need for clarification regarding subcommittee minutes, the R&D Committee Chair will send written notification to the appropriate subcommittee Chair.

G. Quality Assurance/Quality Improvement Project Reports

The R&D Committee may request that quality assurance/quality improvement projects be conducted to assess or improve research operations. In this case, a written report summarizing the results of the project must be presented to the R&D Committee. Actions taken by the Committee are outlined in Section VIII.

H. Audit Results

The Research Compliance Officer (RCO) must ensure that the results of all informed consent audits and each regulatory audit are presented to the R&D Committee in a timely fashion. With the exception of those audits, in which a finding of apparent serious or continuing non-compliance is made or a reportable event is discovered, the results of regulatory audits are presented to the R&DC in the form of subcommittee minutes. Actions taken by the Committee are outlined in Section VIII.

I. Reportable Events

The R&DC must be notified of all reportable events warranting reporting to VA's Office of Research Oversight (ORO). The R&DC is to be copied on all reports made from the Director to the Office of Research Oversight. Copies of the reports will be placed on the R&DC agenda. In addition, any research compliance reports from any State or Federal oversight entity (including ORO), regardless of findings, must be provided to the R&D Committee. Actions taken by the Committee are outlined in Section VIII.

J. Allegations of Undue Influence/Coercion

Allegations of undue influence, coercion, or harassment may come from different sources, including but not limited to, outside entities, research committee members, and VAPHS staff. The anonymity of the source is preserved whenever possible. Attempts to exert undue influence on any research committee members or staff or any members of the HRPP, animal welfare program and research biosafety and biosecurity program are reported to the Research Compliance Office. The Research Compliance Officer will prepare a written report and forward it to the R&D Committee for review at the next convened meeting. .

The R&DC has the responsibility and authority to respond to attempts to unduly influence the IRB or any other research committee. The R&DC will conduct further investigation as needed, make an assessment of the report, and decide upon actions to address the problem. Any member of the R&DC named in the report will recuse himself or herself from committee deliberations and from receiving committee minutes on the issue. Remedial actions and/or

consequences of findings of undue influence will be determined by the R&DC as specified in section VIII.

A description of actions taken by the R&DC will be provided to the originator of the report of undue influence, under conditions of confidentiality, if desired by that person.

K. Systemic Deficiencies

VA personnel, including Without Compensation and Intergovernmental Personnel Agreement (IPA) appointees, must ensure written notification of VAPHS R&DC within 5 business days after becoming aware of any apparent systemic deficiency that has a reasonable likelihood of substantially compromising the VAPHS research protection programs, including persistent failure by any subcommittee of the R&DC to adhere to the requirements governing VA research.

The R&DC must review any notification at its earliest practical convened meeting, not to exceed 30 business days after the date of notification. If necessary, the R&DC may hold unscheduled meetings in response to emergent issues.

At the convened meeting, the R&DC must determine whether the notification involves an actual systemic deficiency that could substantially compromise the VA facility's research protection programs, and if so:

1. The R&D Committee must determine what the remedial actions, if any, are warranted to ensure effective protections;
2. The R&DC must notify the VAPHS Director and the ACOS/R&D within 5 business days after the determination. Additional details regarding these reports are outlined in VAPHS R&D Policy #001.; and
3. The VA facility Director must report the determination and the resultant remedial actions to ORO within 5 business days after receiving the notification.

L. Research Information Security Incidents

The R&D Committee may be tasked with the review of certain research information security incidents. Such reviews may be necessary when the incident is not relevant to the IRB, IACUC, IBC and/or RSEC or when the incident may impact the research program as a whole. Upon notification of such an incident by the ACOS/R&D or his/her designee, the R&D Committee must review the incident at its earliest practicable convened meeting, not to exceed 30 business days from the date of notification.

1. At the convened meeting, the R&DC must determine:
    a. Whether or not the incident constitutes a serious problem; and
    b. In conjunction with the ISO and/or PO as applicable, whether and what remedial actions are warranted by the facility or the relevant investigator(s).
2. If the R&DC determines that the incident constitutes a serious problem:
    a. The Committee must notify the facility Director and the ACOS/R&D within 5 business days after the determination.
    b. The VA facility director must report the determination to ORO within 5 business days after receiving the committee's determination. Additional details regarding these reports are outlined in VAPHS R&D Policy #001.

3. The R&DC may also make additional determinations under its authority if deemed appropriate. Any reporting requirements related to those determinations must also be satisfied.

M. Research Repositories

The R&D Committee is responsible for reviewing and approving the creation and operation of any research data repository or biorepository, including the research repository's Standard Operating Procedures when the repository is housed at VAPHS. If the repository contains identifiable data, the R&D Committee's review will take place after IRB approval has been obtained. If the repository contains de-identified information, the R&D Committee will be responsible for the review. Please see R&D Policy #020, Requirements for Establishing, Maintaining, and using a VAPHS Biorepository and R&D Policy #018, Requirements for Establishing, Maintaining, and using a VAPHS Data Repository.

In addition to initial reviews, the R&D Committee is also responsible for conducting a review of each repository's activities at least once per year. The following information must be received by the R&D Committee as part of its review:

1. The sources of data/biospecimens being added to the research repository and the protocol(s) under which they were collected.
2. The type of data/biospecimens released to others for use, the protocol(s) under which they were used, and the planned disposition of the data once the protocol is terminated.
3. Any events involving risk to subjects or others, such as a breach of privacy or confidentiality.
4. Findings linking a negative impact on the health status of individuals in the repository with identified causal factors, including whether there may be a clinical intervention.
5. All reporting requirements for active protocols (see VHA Handbook 1200.05 and VHA Handbook 1200.12). The reporting requirements include those for continuing review, unanticipated problems involving risks to subjects or others, protocol violations, and termination of protocols. Risks to institutions may also be appropriate for reporting

Initial reviews are documented on the R&D Committee Repository Checklist which is completed by a voting member of the R&DC and reviewed by the committee at a full board meeting. Actions taken by the Committee are outlined in Section VIII.

Repositories containing identifiable information first undergo an annual review by the IRB and IBC (if applicable). The results of this review are reported to the R&D Committee as part of the annual HRPP evaluation. The R&D Committee will note any concerns.

Data Repositories which contain de-identified information will only be required to submit an annual report to the R&DC. This report will contain the information listed above. This review will be documented on the R&DC Committee's Annual Review of Repositories checklist.

N. Other Reports and Information

The R&D Committee must also review any other reports or information (including but not limited to that provided by the ACOS/R&D, AO for R&D, other research staff members, VHA Office of Research and Development, VA Office of Research Oversight) that may have an impact on the VAPHS Research Program. Such items may include but is not limited to: 1) Center Applications, 2) Memos requesting waivers of VAPHS New Investigator/New

Coordinator Education Requirements, and 3) Subcommittee membership. Actions taken by the Committee are outlined in Section VIII.

VIII. R&D Committee Actions

R&D Committee actions, in general, focus on strategic planning and oversight/management of the Research Program. As such, the R&D Committee may accept reports, notifications, etc. with no further comment or may take the following actions:

1. Request additional information from a specific person or persons, subcommittee, committee or other entity.
2. Recommend that a quality improvement/quality assurance project be undertaken to evaluate the effectiveness of a specific policy or procedure.
3. Develop strategies to address infrastructure and programmatic needs.
4. Consult with the ACOS/R&D to address any programmatic weaknesses or areas for improvement
5. Recommend that the issue be forwarded to a specific person or persons, subcommittee, committee or other entity.
6. Recommend that policies, SOPs or guidance be developed, revised, or improved in response to a specific issue or item.
7. Forward the issue to the Director's Office for further investigation.
8. Recommend to the Medical Center Director that a study be suspended or that an investigator's research privileges be restricted or revoked.
9. Concur with the information provided.

IX. R&DC Correspondence

Any recommendations or requirements made by the R&D Committee will be communicated to the appropriate individual(s), committees or entities in writing. In such an instance, a memo will be generated from the R&D Chair, detailing the recommendations or requirements.

X. R&D Committee Records

The R&D Committee must maintain adequate documentation of all of its activities. Records include, but are not limited to the following:

1. Minutes of the R&D Committee and its subcommittees
2. Copies of all written correspondence
3. Membership lists for the R&D Committee and its subcommittees
4. Written records documenting the actions taken by the R&D Committee in order to carry out its responsibilities, if not adequately recorded in the R&D Committee minutes.

R&D Committee records are the property of the VA, and must be retained as outlined in the VHA Records Control Schedule (RCS) 10-1, or longer depending upon other applicable policies and regulations such as the Food and Drug Administration (FDA) regulations or medical record retention policies.