

**VA NEBRASKA-WESTERN IOWA
HEALTH CARE SYSTEM
Omaha, NE (636)**

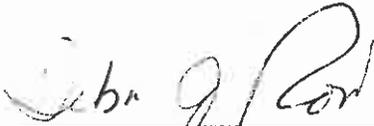
**RESEARCH AND DEVELOPMENT COMMITTEE
STANDARD OPERATING PROCEDURES**

A MANUAL

for

**R&D Committee Members,
Principal Investigators,
& Staff**

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Date

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I. DEFINITIONS

VA Research: Research that is conducted by VA investigators serving on compensated, work without compensation (WOC) or Intergovernmental Personnel Agreement (IPA) appointments while on VA time, utilizing VA resources and or on VA property including space leased to and used by VA. The research may be funded by VA, by other sponsors, or be unfunded.

The R&D Committee only reviews research that is considered VA research as defined above.

VA Data or VA Information: VA data or VA information is all information that is obtained, developed, or produced by, or for VA or its employees as part of its business (including research) activities.

VA Protected Information (VAPI): VAPI is VA sensitive information, Privacy Act Information (PAI), Protected Health Information (PHI), or other VA information that has not been deliberately classified as public information for public distribution. VA information that VA would have to release under the Freedom of Information Act (FOIA) is not VA protected information. All VA protected information needs to be classified as one of the following: VA Proprietary, VA Restricted, or VA Highly Restricted.

VA Sensitive Information: VA sensitive information is all Department 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 information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, records about individuals requiring protection under various confidentiality provisions such as the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and information that can be withheld under FOIA. Examples of VA sensitive information include:

- a. Individually-identifiable medical, benefits, and personnel information;
- b. Financial, budgetary, research, quality assurance, confidential commercial, critical infrastructure, investigatory, and law enforcement information;
- c. Information that is confidential and privileged in litigation, such as information protected by the deliberative process privilege, attorney work-product privilege, and the attorney-client privilege; and
- d. Other information which, if released, could result in violation of law or harm or unfairness to any individual or group, or could adversely affect the national interest or the conduct of federal programs.

II. RESPONSIBILITIES OF THE MEDICAL CENTER DIRECTOR

A. The Medical Center Director serves as the Institutional Official responsible for all aspects of the research program. The Research and Development (R&D) Committee at the VA Nebraska-Western Iowa Health Care System serves in an advisory capacity and is responsible through the Chief of Staff to the Medical Center Director for oversight of the research program and for maintaining high standards throughout the R&D program. The R&D Committee is assisted by the Associate Chief of Staff (ACOS) for R&D, Deputy Associate Chief of Staff (ACOS) for R&D and the Administrative Officer (AO) for R&D in carrying out its duties. These standards include ensuring the scientific and ethical quality of VA research projects, protection of human subjects in research, the safety of personnel engaged in research, the welfare of laboratory animals, privacy and security of VA data and the security of VHA research laboratories.

B. The Medical Center Director ensures:

1. Research in which the facility is engaged is approved by the appropriate R&D Committee subcommittees.
2. There are adequate resources and administrative support, including personnel, space, equipment, and training, for the R&D Committee and its subcommittees to fulfill their responsibilities.
3. There is appropriate education and training for members of the R&D Committee, the research administration staff, and other staff involved in research.
4. Investigators meet their requirements.
5. Members of the R&D Committee are appointed following the specifications in the VHA R&D Committee Handbook.

III. RESPONSIBILITIES OF THE ACOS/R&D

A. The ACOS/R&D is 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 the applicable R&D Committee subcommittees, and after the R&D subcommittee's notifications of approvals have been approved by the R&D Committee. The ACOS/R&D is responsible for notifying the investigator of approval after continuing review by the R&D Committee and subcommittees.

2. Functioning as Executive Secretary of the R&D Committee.

3. Conducting an annual quality assurance review of publications assessing the acknowledgement of VA support and affiliation.

4. Ensuring that information pertaining to all requests for WOC appointments for research has been appropriately justified and the appointments are in compliance with all applicable research, Human Resource Management, and other VA policies.

5. Providing an annual quality assurance 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.

6. Providing an annual quality assurance 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.

7. Ensuring that all minutes of the R&D Committee and its subcommittees, including those from subcommittees at VA facilities or at the affiliate, are sent to the medical center Director and COS for review and appropriate action.

B. Other committees are appointed to assist and report to the ACOS/R&D to conduct business within the Research Service and advise the R&D Committee.

1. The Research Equipment and Space Committee is appointed to evaluate equipment and space requests with regard to need, suitability, available alternatives and advise the R&D Committee. The procedure, Assignment for VA Research Laboratory Space, was developed to provide guidance in assigning research wet laboratory space.

2. The Clinical Research Unit (CRU) Committee is appointed to develop, approve and modify operational procedures and policies of the Clinical Research Unit. This committee will prioritize all appropriate studies to be conducted in the Clinical Research Unit. The CRU Committee will also prioritize and approve space utilization within the Clinical Research Unit.

3. The Research Education Enhancement Committee is charged to oversee the local Research Week activities and other educational opportunities for researchers and research personnel such as the weekly seminars.

IV. RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR

The Principal Investigator is responsible for the following:

a. Confirming with the applicable service chief that they have been awarded the appropriate credentials and privileges to conduct research at VA prior to initiating any research.

b. Complying with all applicable personnel and other VA requirements whether the investigator is compensated, WOC, or IPA.

c. Obtaining the complete approval of all appropriate non-research entities and R&D Committee subcommittees, and written notification from the ACOS for R&D prior to initiating a research project.

d. Developing a research plan that is scientifically valid; minimizes risk to human subjects, animals used in research, and personnel; and contains a sufficient description of the research including all procedures and the plan for statistical analysis, to allow the R&D Committee subcommittees to fully review the research project.

e. Developing and implementing plans for data use, storage, and security that are consistent with VA Directive 6500, Information Security Program, and its implementing Handbooks and other legal requirements.

f. Preparing and submitting information, at least annually or as required, on their research program(s) and on each project to the appropriate R&D Committee subcommittee for continuing review as required by the respective R&D Committee subcommittees.

g. Ensuring that all research proposals submitted for funding, from any source, support the mission of VHA and enhance the quality of health care delivery to Veterans. *NOTE: Examples of research that may not support the mission of VHA includes research involving children or prisoners.*

V. AUTHORITY OF THE R&D COMMITTEE

In addition to the advisory capacity and oversight responsibilities outlined above, research may not be conducted within the facility/facilities without review and approval of the R&D Committee and its appropriate subcommittees or VA Central IRB. The R&D Committee only reviews VA research as defined in Section I. Definitions. The R&D Committee has established subcommittees and also works with key personnel, such as the Radiation Safety Officer from the Radiation Safety Committee, to be sure any new project is carefully reviewed prior to the R&D Committee granting approval. It reviews the minutes of the activities of all of its subcommittees to ensure they are functioning properly and to identify any issue which needs to be addressed by this oversight committee. Neither the R&D Committee nor the Medical Center Director can approve research that has been disapproved by the appropriate subcommittees or VA Central IRB. The R&D Committee and higher authority may strengthen requirements and/or conditions, or add other modifications to secure R&D Committee approval or approval by a higher authority. Research may be initiated only after R&D Committee approval has been obtained and notification of the approval by the ACOS/R&D. The following subcommittees are established as follows:

A. Subcommittee of Human Studies also known as the Institutional Review Board (IRB) is appointed to oversee the conduct of human research activities. The IRB shall perform functions as outlined in the Federal Wide Assurance and required under 38 CFR 16, 21 CFR 50 and 56 (when applicable) and VHA Handbook 1200.05. The VA Central Institutional Review Board (IRB) is the IRB of record to review multi-site VA studies that are requested by ORD (CSP, RR&D, HSR&D, QUERI, etc.) to be reviewed by the Central IRB.

B. Subcommittee of Animal Studies also known as the Institutional Animal Care and Use Committee (IACUC) is appointed to oversee the conduct of animal research activities. The IACUC shall perform functions as outlined in VHA Handbook 1200.07.

C. Subcommittee for Research Safety is appointed to oversee the safety and security of all research laboratories according to VHA Handbooks 1200.08 and 1200.06.

VI. MEMBERSHIP OF THE R&D COMMITTEE

Annually, members of the R&D Committee are nominated from current R&D Committee members, subcommittee members and the facility's staff. The Research Executive Committee (composed of the ACOS, Deputy ACOS, AO, R&D Committee Chair and R&D Committee Coordinator) evaluates the nominations. A review of the membership roster and election of a committee chair and vice-chair are conducted at the R&D Committee meeting prior to being forwarded by the ACOS/Research to the Medical Center Director for appointment in writing. Voting members may serve a term of 3 years and may be reappointed without a lapse in time if deemed in the committee's best interest. The terms are staggered to provide a partial change in membership at one time. The Chair and Vice-Chair may serve a term of 1 year and may be reappointed without any lapse in time. The Vice-Chair will assume the responsibilities of the Chairperson when the Chair is not available or when there is a conflict of interest. Alternate members are appointed by the Medical Center Director in the same manner as voting members with qualifications comparable to the primary member being replaced.

A. R&D Membership Roster: The composition of the committee strives to have diverse backgrounds with consideration to race, gender, ethnicity and expertise available within the NWHCS. All voting members are compensated full-time or permanent part-time NWHCS employees. Members may fill more than one criteria. The current roster of the R&D Committee in terms of members and alternate members by name, degrees held, and representative capacity is published annually in January of each year. In addition, the membership is summarized in the R&D Committee meeting minutes including any ad hoc review conducted. The voting membership includes representatives from the following categories:

1. Two members from the NWHCS staff with major patient care or management responsibilities.
2. Two members who are NWHCS investigators actively engaged in major R&D programs or can provide R&D expertise (BLR&D or CSR&D Merit Review, Rehabilitation R&D, HSR&D, Cooperative Studies, Research Career Scientist or other national peer reviewed programs).
3. One member who holds an academic appointment with the University of Nebraska Medical Center and one member who holds an academic appointment with Creighton University Medical Center and are either a full-time Federal employee or a part-time permanent Federal employee.

Ex-Officio non-voting members include the:

1. Medical Center Director
2. Chief of Staff
3. Associate Chief of Staff, Research & Development who functions as Executive Secretary
4. Deputy Associate Chief of Staff, Research & Development
5. Administrative Officer, Research & Development
6. R&D Committee Coordinator

Non-voting Consultant who routinely attends the meeting:
Research Compliance Officer

The VHA Handbook 1200.01 suggests that consideration be given to include a representative from the Pharmacy Service. The Pharmacy Service representative serves as a voting member of the NWHCS IRB. If questions arise during R&D Committee review, the Pharmacy Service representative will be contacted.

B. Alternate R&D Committee Members: Alternates for the R&D Committee members may be nominated by the ACOS/R&D, facility staff, and committee members. Alternates are evaluated by the Research Executive Committee, approved by the R&D Committee and appointed by the Medical Center Director. The alternate member has a similar or related work specialty, background, or responsibility as the member he/she represents in the member's absence. The alternate member may be re-appointed to serve on the R&D Committee as an alternate for a new member appointed to serve on the committee. The alternate member is allowed to vote in the absence of the member he/she represents. When the alternate member and the primary member both attend a R&D Committee meeting, only the primary member may vote and count toward the quorum.

C. Ad Hoc Reviewers: The R&D Committee may, at its discretion, obtain services of ad hoc reviewers when additional expertise is required. Ad hoc reviewers do not vote with the committee. Unless the ad hoc reviewers are permanent VA or Federal employees, they may only provide individual advice to the R&D Committee or exchange facts and information. Such consultants may be asked to submit written evaluations of the project or, when necessary, to present their recommendations to the committee in person. The R&D Coordinator will consult with the R&D Committee Chair to obtain an ad hoc reviewer. In addition, the ACOS/R&D may be consulted as needed. The ad hoc reviewer will be asked to comply with the conflict of interest rules as required for R&D Committee members.

D. Training of R&D Committee Members: It is the responsibility of the ACOS/R&D and the Research Service to provide members with an initial orientation to their committee activities and appropriate continuing education related to the R&D Committee. Upon appointment to the R&D Committee, new members receive a copy of the most current R&D Committee SOP prior to the first meeting with the R&D Committee. All members receive updated versions of the R&D Committee SOP as they are issued. The ACOS/R&D may provide further guidance and training as needed.

Per the VA Office of Research & Development education requirements, members and alternates of the R&D Committee must complete Ethical Principles of Human Subjects Protection and Good Clinical Practice every two years via the Collaborative Institutional Training Initiative (CITI) website. VA Cyber Security Awareness training, VHA Privacy Policy Training (HIPAA) and VA Research Data Security & Privacy training via the VA Talent Management System are also required for all committee members. Other institutional mandatory training requirements apply as instructed by Employee Education within the NWHCS.

E. Conflict of Interest of Committee Members: R&D Committee members, like all VA employees, must comply with the Standards of Ethical Conduct for Executive Branch Employees and the Federal criminal code. The R&D Committee members, or their immediate family 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 with

proposals being reviewed and must recuse themselves from the discussion and vote. At the beginning of the meeting when a quorum is present, the Chair asks members to declare any conflicts they may have with research studies being reviewed on the agenda. When conducting the initial review and subsequent continuing review of a study, the R&D Committee member must be aware of any financial conflicts, others working on the research project, or others that may influence the conduct of and reporting on the research. The recusal is documented in the minutes.

VII. RESPONSIBILITIES OF THE R&D COMMITTEE RELATED TO THE RESEARCH PROGRAM

A. The R&D Committee through ongoing review and annual evaluations is responsible for ensuring the effective operation of the research program and making appropriate recommendations to the Medical Center Director through the Chief of Staff on the oversight and evaluation of the research program. A timeline was developed which outlines the approximate annual and/or semi-annual reporting to the R&D Committee.

B. The R&D Committee is assisted by the ACOS, Deputy ACOS and AO of Research in planning and developing broad objectives for the R&D Program so that it supports the VA's mission. The R&D Committee evaluates whether objectives of the R&D Program are being met through the ongoing review and approval process of research, annual and semi-annual inspections, subcommittee, quality assurance, ACOS and AO reports. The R&D Committee oversees all research activities for the NWIHCS and reviews the agreement/memorandum of understanding that establishes a committee from another VA or non-VA entity in lieu of a required subcommittee for the R&D Committee.

C. The R&D Committee oversees the following program duties:

1. Reviews the budgetary and other resource needs of the R&D Program, at least annually, and makes appropriate recommendations regarding these needs. This review includes: personnel, materials and supplies, space, capital equipment, training, and education. Examples of summaries provided to the R&D Committee include the Central Office budget allocations, Research & Development Information System (RDIS) expenditures and staffing and space reports, and an annual Nebraska Educational Biomedical Research Association (NEBRA) report.

2. Reviews and evaluates all R&D Subcommittees and provides a summary of these reviews to the Medical Center Director during the QA Review of the Director's Certification Checklist noted on the timeline. Evaluation is accomplished by monthly reviews of subcommittee minutes and periodic reviews of topics throughout the year such as semi-annual and annual subcommittee inspections, non-compliance reports and QA reports of activities. The goals of the Research Service and its programs are evaluated in the fall on the timeline and recommendations are provided to the ACOS/R&D to incorporate in the goals of the NWIHCS. The RCO provides Audit Status reports throughout the year and an annual report to the R&D Committee on compliance issues. These are detailed in the R&D Committee minutes which are forwarded to the Medical Center Director through the Chief of Staff for approval and to the Executive Committee of the Medical Staff.

3. Reviews the Research Safety and Security Program including planned training, compliance, security issues, etc. Examples of items provided to the R&D Committee include review of the Subcommittee on Research Safety Standard Operating Procedures, committee membership, inspection reports and site surveys such as the VISN Annual Workplace Evaluation (AWE).

4. Reviews 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 next year. Examples of items provided to the R&D

Committee include the IACUC Standard Operating Procedures, Research Service budget, committee membership, semi-annual self-reviews of the Animal Research Facility, compliance audits, and site surveys.

5. Reviews the Human Research Protection Program (HRPP) (including the VA Central IRB), IRB composition or IRB arrangements, credentialing and training status report, budget, space, support staff, quality improvement activities, compliance issues, and goals for next year. Examples of items provided to the R&D Committee include review of the IRB Standard Operating Procedures, HRPP policy, Research Service budget, committee membership, compliance audits of the HRPP, and site surveys.

6. Reviews a variety of information sources including QA activities, reports to the committee by the ACOS/R&D, Deputy ACOS/R&D, AO/R&D or other research staff members, subcommittee reports, facility reports and other appropriate sources.

VIII. OPERATION OF THE R&D COMMITTEE

A. Meeting Date: The R&D Committee meets monthly on the first Tuesday of the month. Additional meetings may be called by the Chair, if needed. The deadline for new submissions, continuing reviews and full committee amendments is the 25th of the month prior to the next month's meetings. This allows for proposals to go to the applicable subcommittees and R&D Committee. Local submission forms are posted at the NWHCS internet site. This deadline is adjusted for VA-funded merit submissions requiring R&D Committee review only, as appropriate. The meeting is convened by the Chair or Vice-Chair when a quorum is present, consisting of a majority, of the voting membership. A quorum must be maintained to approve research and other issues presented to the committee. If physical presence is not possible, a member may participate through teleconference and will have received all pertinent material being discussed prior to the meeting.

B. Committee Tracking Software: Research proposals are entered in the MIRB software program which tracks the volume and status of studies, generates the agenda, minutes, correspondence to the principal investigator and tracks continuing review, amendments and other events in monitoring the research. The Office of Research and Development also requires all projects be entered and annually updated in the national database called ePromise. The ePromise abstract serves as the summary of findings required at continued review for all committees.

C. Agenda: The agenda is distributed to voting and non-voting committee members and alternates, when applicable, one week in advance of the meeting.

The agenda includes the following:

1. R&D Committee minutes of previous meeting.
2. Action Summary List of most recent Subcommittees meeting
3. Final approved subcommittee minutes from previous meetings.
4. Old business
5. New Business (This will include topics from Section IV related to the Research program)
6. Quality Assurance/Quality Improvement
7. Education
8. Merit Review Submissions for funding with primary reviewers identified
9. Initial Review of research projects with primary reviewers identified
10. Continuing review of research projects with primary reviewers identified
11. Amendments to ongoing research projects
12. Open Items
13. Closed items

D. R&D Committee Responsibilities for the Review of Research:

1. All research in which the NWHCS is engaged must be reviewed and approved for the ethical use of human subjects, animals and biohazards. The R&D Committee provides oversight of its subcommittees for the maintenance of high standards of protocol review and relevance to the mission of the VA and the NWHCS; scientific and ethical quality of VA research projects; protection of human subjects; animal welfare; safety of personnel engaged in research; security of

research laboratories where hazardous agents are stored or utilized and security of VA data, VA protected information, and VA sensitive information.

2. The R&D committee delegates the scientific review responsibilities to the IRB for human studies and to the IACUC for animal studies, respectively. The following criteria is to be followed by a R&D reviewer/presenter when the subcommittee (IACUC or IRB) has reviewed the study for welfare and appropriate use of animals or protection of human subjects. Safety of personnel engaged in research is reviewed by the Subcommittee for Research Safety. This review ensures that all research in which the NWHCS is to be engaged has been reviewed and approved according to the following criteria:

(a) Maintenance of high standards of protocol review, and relevance to the mission of the VA;

(b) Protection of human subjects (including privacy and confidentiality), and the implementation of adequate safety measures for research subjects and personnel;

(c) Welfare and appropriate use of animals in research;

(d) Safety of personnel engaged in research;

(e) Security of research laboratories where hazardous agents are stored or utilized and of all Biosafety Level 3 (BSL-3) research laboratories; and

(f) Security of VA data and VA sensitive information.

3. If a research protocol requires review by a facility's non-research entities, such as the Radiation Safety Committee, this review may be conducted at any time, but the research may not be initiated until this review has been conducted.

4. For protocols not meeting criteria for assignment to any subcommittee, the R&D Committee is the review and approving committee of record.

5. Initial Review: For each new research proposal reviewed and followed by the R&D Committee, the R&D Committee will critically evaluate the following at a convened meeting where there is a quorum consisting of a quorum of voting members:

(a) Scientific quality, design, desirability and feasibility;

(b) Relevance to both the VA's mission and the facility's research program;

(c) Investigator's qualifications and his/her role at the facility;

(d) Conflicting interest;

(e) Budget and resources: requirements for space, personnel, equipment and supplies;

(f) Security of VA data, VA Protected Information and VA sensitive information

(g) Security of Laboratories;

(h) Actions taken by the appropriate subcommittees (i.e., Subcommittee for Research Safety, VA Central IRB, and other facility entities when applicable.)

Members are provided the full protocol and applicable attachments via the secure Research server. Primary reviewers are assigned to review the study and present their findings at the meeting. The Principal Investigator/designee may be invited to present a brief summary of the protocol prior to the deliberations and vote by the committee. The Scientific Initial Review Checklist (**Appendix A**) is completed by the primary reviewers to document the initial review of each proposal. The initial approval period for a research study must be specified not to exceed one year.

6. **Continuing Review:** Continuing review of research studies followed by the R&D Committee only are conducted by the full R&D Committee at least annually at a convened meeting where there is a quorum consisting of a majority of voting members. Studies exempted from further review by the NWHCS IRB/VA Central IRB according to 38 CFR16.101 are included in the annual review of projects. Ongoing studies, where animal use has been deleted, will be included in the annual review of projects as well.

For studies followed by the R&D Committee only, the continuing review submission form, current project data sheet, abstract and updated findings are made available to all members. In addition, the primary reviewer reviews a copy of the approved protocol and completes the R&D Committee Continuing Review Checklist (**Appendix B**). The approval period must be specified not to exceed one year.

For studies followed by the primary subcommittee(s) for continued review the actions taken are included in the subcommittee's minutes reviewed by the R&D Committee. The approval period is set by the subcommittee (IRB or IACUC) for applicable human and animal research.

E. Merit Review Submission and Just-in-Time (JIT) Procedures:

VA-Funded research projects: Proposals submitted for VA funding consideration (i.e., BLR&D, CSR&D, Rehab R&D, HSR&D, or Career Development Awards) are reviewed by the R&D Committee and must be granted approval prior to submission to the funding agency. The VHA Handbooks outlining the various VA funding opportunities are found at the ORD website. Whereas VA funding is the most important component of the VA Research enterprise, these proposals warrant special attention. The review to submit the project must assess the appropriateness of the scientific methodology, the relevance of the research to the VA's mission, the investigator's qualifications to perform the work and the adequacy of resources. The abstract, budget, investigator(s) biosketch, and research plan will be reviewed by one member of the R&D Committee and an expert in the scientific field of the proposal. This expert can be a R&D member or an ad hoc reviewer chosen from investigators at the NWHCS, our affiliates, (UNMC or Creighton University), or an outside institution. Effort will be made to find the most appropriate content expert. The principal investigator may submit names of suitable reviewers. To assure the highest quality review, the Research Service (usually through NEBRA, our non-profit corporation) will provide monetary compensation to reviewers from outside institutions. This scientific review is expected to be as thorough as those done by the VA's Merit Review panels. The Scientific Review Checklist (**Appendix A**) will be used to evaluate the applicable components. In addition, a scientific review template will include those categories covered by the panel: Significance, Approach, Innovation, Investigator Qualifications, Multiple PI Leadership Plan (if applicable), Environment, Feasibility, Ethics, Safety, Clinical Relevance and the Budget. These reviews will be shared with the PI, with the expectation they will incorporate the comments in any revision of the grant.

When the project receives a fundable score, the grant and compliance documentation will receive initial review by the appropriate subcommittees (IRB or VA Central IRB, IACUC, and Safety) and other committees such as the Radiation Safety Committee prior to final approval by the R&D Committee. The ACOS/R&D will issue the approval to initiate the study. The appropriate subcommittee or the R&D Committee will then be responsible for continuing reviews.

Non-VA funded research projects: All non-VA funded grants where the work will be performed at the VA and will be submitted to a funding source that allows just-in-time approval must have a review and a letter of concurrence from the R&D Committee at the time the grant is submitted. This includes grants submitted through the academic affiliates for funding that will be performed at the VA. This also applies to grants to non-VA funding sources where the local VA will administer the funds. The process for R&D review follows:

1. PIs must submit the abstract or the typical first page of the text of the grant with the specific aims outlined to the Deputy ACOS/R (or the ACOS/R or the Chair of R&D Committee if the Deputy ACOS/R is not available) for review prior to submitting the grant. Electronic communication of this information is preferred.

2. During this preliminary review, the appropriateness of the scientific methodology, the relevance of the research to VA's mission, the investigator qualifications to conduct the research and adequacy of the resources must be assessed. The Deputy ACOS/R or designee will review and provide feedback or ask questions of clarification as needed. The PI will provide all information requested in order for this review to be completed.

3. Once reviewed in this expedited fashion, a letter of concurrence will be generated to the PI. Depending on the specific instructions of a funding agency, this letter of concurrence may or may not be required with the actual grant submission. The template for the letter of concurrence would state the following:

"On behalf of the R&D committee, the Deputy ACOS/R (or designee) has reviewed the application entitled (insert title of grant) to (insert funding agency) and concurs with its submission. The proposed work is not approved to begin until all relevant subcommittees have reviewed the proposal and the R&D Committee issued the letter of approval for the work to begin."

4. The expedited review by the Deputy ACOS/R or designee will be reviewed by the full committee at next R&D committee meeting that occurs. A notification will be placed on the R&D Committee agenda for acknowledgement.

5. At the time of funding of a proposal, a full application to the relevant subcommittees and the R&D Committee is required in order to obtain approval to begin the work. A copy of the letter of concurrence for submitting the grant is required with the protocol submission.

F. Amendments to Ongoing Research:

Full committee review is required for all amendments submitted to the R&D Committee. Basic science studies which do not involve humans or animals and studies exempt from further IRB review are monitored by the R&D Committee. Amendments for these types of studies are reported on the R&D Committee Amendment/Revised Protocol Reporting Form available at the NWHCS intranet website. Other amendments are under the purview of the applicable subcommittee charged with continued review. There may be amendments reviewed by the subcommittee(s) that require R&D Committee review as well as subcommittee review. Requests for enrollment of non-veterans to an ongoing study are reviewed by the IRB and R&D Committee. A primary reviewer is assigned to review a copy of the amendment form and

applicable attachments. If the amendment requires a change to the protocol, the reviewer will review a copy of the protocol. A copy of the amendment is made available to all members.

G. R&D Committee Documentation:

The minutes are completed by the R&D Coordinator and include:

1. Date and time of meeting
2. Attendance and absence of members (voting, alternates, non-voting including ex-officio)
3. Review of all minutes presented to the committee and actions taken
4. All business and information items
5. Education
6. Quality Assurance/Quality Improvement
7. Actions taken by the R&D Committee (i.e., initial, continuing review, amendments, notifications) including a summary of controversial issues and their resolution. Stipulations and follow-up requirements are stated. Actions can be approved, contingently approved, tabled or disapproved. The basis for disapproving a study must be stated.
8. Votes on these actions are categorized as: for, against, abstained, recused, or excused.
9. Persons who recused or were excused
10. Open items and closed items where prior contingencies have been met
11. Date and time of next meeting
12. Signatures of Chair, R&D Committee, ACOS/R&D as Executive Secretary, Chief of Staff and Medical Center Director.

The minutes are filed with a copy of the agenda and materials submitted for each meeting. The Scientific Review Checklist is completed by the primary reviewer(s) and filed with the research protocol.

H. Communication of R&D Committee Actions

1. Communication to the Principal Investigator: The Principal Investigator is notified in writing of the R&D Committee's actions signed by the Chair/Vice Chair. The signature of the ACOS/R&D is also required to initiate or continue a study. The following actions may apply:

- a. Approved. Approved means there are no stipulations requested by the R&D Committee.
- b. Tabled. The R&D Committee lacks sufficient information about the research to grant approval or outstanding contingencies are pending from the subcommittee's review. The applicable subcommittees are alerted of this action.
- c. Disapproved. The R&D Committee has determined that the research cannot be conducted at the NWIHCS or by its employees or agents. The reasons are outlined in the communication to the PI. The applicable subcommittees are alerted of this action.

2. Communication to the Subcommittee(s): The minutes of the R&D Committee are forwarded to the Chairs and Coordinators of the subcommittees via e-mail following the R&D Committee meeting. The subcommittees are made aware of any R&D Committee modifications for the subcommittee's review and approval in addition to any modifications that were requested by the subcommittee during its review. When R&D modifications or disapproval are requested,

these are also reported in the Business section of the following month's subcommittee minutes. A memorandum will also be sent by the R&D Committee Chair to the appropriate Subcommittee Chair when warranted.

The R&D Committee Chair meets periodically with the Subcommittee Chairs to discuss new issues and processes affecting the research program.

3. Communication with the VA Central IRB: The Point of Contact will communicate actions taken by the R&D Committee for all research approved or determined exempt by the VA Central IRB. The R&D Committee review will be conducted at its next regularly scheduled meeting following notification of approval by the VA Central IRB.

4. Communication to Executive Committee of the Medical Staff (which includes the Medical Center Director and Chief of Staff): An agenda consisting of the R&D Committee minutes and its subcommittees are sent to the Chief of Staff and the Medical Center Director. The approved R&D Committee minutes signed by the R&D Chair, ACOS/R&D, Chief of Staff and Medical Center Director are also sent to the Executive Committee of the Medical Staff. Following their review, a memorandum of acceptance or recommendation is received from the Chair, Executive Committee of the Medical Staff.

IX. R&D COMMITTEE RECORDS

Records must be maintained until disposition instructions are approved by the National Archives and Records Administration and are published in VHA Records Control Schedule (RCS 10-1). The R&D Committee records are kept with the IACUC, IRB and Safety records and managed according to VHA Directive 6300. These records include:

1. Copies of all research proposals
2. Copies of all written correspondence including communication to and from investigator, other committees, subcommittees, VA Central IRB, and other entities or individuals
3. Continuing review and final reports
4. Amendments
5. Minutes of the R&D Committee meeting and its subcommittees
6. R&D Committee and its subcommittees' membership rosters
7. R&D Standard Operating Procedures
8. Activity reports related to the NWIHCS research program
9. Resume/curriculum vitae of each R&D Committee member

X. REPORTING REQUIREMENTS FOR PROBLEMATIC EVENTS

- A. The R&D Committee reviews problems brought forward to the committee and forwarded by its subcommittees, ACOS/R&D, and Research Compliance Officer. The problematic research event may be related to the animal research program, the human research program, research safety, laboratory security, research information security, as well as failure to satisfy requirements of the committee(s) responsible for oversight of the research, or research misconduct.
- B. The VHA Handbooks 1058.01 and 1058.02 outline the reporting requirements to the Office of Research Oversight (ORO). The VHA Handbooks and local Standard Operating Procedures, applicable to the types of events (i.e., unanticipated problems involving risks to participants or others, serious or continuing non-compliance, deviations/violations, suspension or terminations, safety, security breaches) being reviewed, should be referenced for reporting requirements to other individuals and agencies.
- C. The R&D Committee has oversight to see that action is taken when appropriate or concur with the actions forwarded to them by an oversight subcommittee or individual. The VA Central IRB is notified and participates in the reporting for studies approved by them. The report should be provided to the Facility Director as soon as possible but no later than 5 working days after the event has come before a responsible facility official (ACOS/R&D, RCO, R&D Committee and/or its subcommittee Chairs). The Facility Director signs the report being submitted to ORO within 5 working days after being notified.

XI. Collaborative (Involves VA Data and Affiliate Data) Research Studies Separating VA Research from Non-VA Research

A. Separation of VA activities/research from affiliate/collaborator activities/research is critical when dual appointment investigators wish to conduct studies that require combining VA data with affiliate/collaborator data.

1. VA research is research conducted by VA investigators (serving on compensated, without compensation (WOC), or Intergovernmental Personnel Agreement (IPA) appointments) while on VA time, utilizing VA resources (e.g. equipment), or on VA property including space leased to, or used by VA. The research may be funded by VA, by other sponsors, or be unfunded. (VHA Handbook 1200.01 §3.b)
 2. The protocol(s) for “collaborative” research studies must clearly separate VA research activities and data from non-VA research activities and data, including for example where applicable, recruitment procedures, strategies, and advertisements; procedures, interactions, and interventions related to the research; data collection, storage, access, use, disclosure, and analysis; uses and disclosures of Protected Health Information (PHI); researchers and study team members; VA clinics, units, and laboratory locations; and VA Information Security Officer (ISO) and Privacy Officer (PO) reviews.
 3. “Off-site” VA research activities, including data collection and use, occurring at non-VA locations (i.e., locations not owned or leased by VA) must be clearly identified.
 4. If VA data will be combined with non-VA data for “collaborative” studies, the protocol(s) must specify when and how this will occur and where the combined data will be stored.
 5. Data security arrangements for the “collaborative” study are noted in the Checklist for Reviewing Privacy, Confidentiality and Information Security in Research, **Appendix NN**.
 6. The informed consent document and HIPAA authorization from both VA and non-VA sites must clearly separate VA research activities from non-VA research activities, and clearly state that:
 - a. Resultant data are to be used in a multi-site (“collaborative”) study that combines VA data with non-VA data; *and*
 - b. The data are to be disclosed to the Coordinating Center site (located at either the VA site or the non-VA site) where the data will be combined and analyzed for the study.
- B. 1. In summary it is critical to separate and document the following:
- a. Activities on VA time vs.
 - b. Affiliate activities on affiliate time
2. The documentation as outlined in the Investigator’s Memorandum of Understanding (MOU) with the affiliate clarifies:
- a. VA duties
 - b. VA duty locations

- c. VA tours of duty or time allocations
- 3. The MOUs are updated when there is a change in the commitment.
- 4. The documentation in the Checklist for Reviewing Privacy, Confidentiality and Information Security in Research clarifies:
 - a. Data ownership issues
 - b. Data security requirements

**XII: USE OF THE VHA CENTRAL OFFICE INSTITUTIONAL REVIEW BOARD
(IRB)
AS IRB OF RECORD**

A. PURPOSE: The use of the VHA Central Office Institutional Review board (IRB) to review select VA funded multi-site studies involving human subjects including initial, continuing review, amendments, monitoring, reporting and other relevant requirements are outlined in a Memorandum of Understanding (MOU) between VHA Central Office and the Nebraska-Western Iowa Health Care System (NWIHCS). The FWA Assurance includes the VA Central IRB as an IRB of record. The appropriate Office of Research and Development (ORD) funding Service (CSP, RR&D, HSR&D, QUERI, etc.) will determine if a study should be reviewed by the VA Central IRB.

B. RESPONSIBILITIES: Responsibilities of the VHA Central Office Human Research Protections Program and VA Central IRB and the NWIHCS are outlined in the Memorandum of Understanding signed by both parties, the non-profit (NEBRA) signatory official, and the VISN 23 Network Director. The VA Central IRB will maintain current FWA registration, human protections accreditation, ensure appropriate training for its members and staff. They will meet at least monthly and maintain Standard Operating Procedures available on their website <http://www.research.va.gov/vacentralirb/>.

Responsibilities at the NWIHCS are met by maintaining current FWA registration, accreditation through the VA designated organization and providing local accountability. All review of the research by the VA Central IRB to be conducted at the NWIHCS must be approved by the R&D Committee.

C. VA CENTRAL IRB APPLICATION PROCESS:

1. The Principal Investigator (PI)/Study Chair (SC), or designee, submits all required documentation regarding the project to the VA Central IRB, to include all requirements as specified in VHA Handbook 1200.05. The application includes the Principal Investigator/Study Chair New Project Application found at the VA Central IRB website <http://www.research.va.gov/vacentralirb/> and all associated attachments to include the protocol and the informed consent document and HIPAA authorization if applicable.

2. The PI/SC recruits the Local Site Investigator (LSI) for each of the other participating sites as applicable. The PI/SC is responsible for reviewing all the LSI applications to ensure consistency with the PI/SC application and/or any modifications that are requested by the VA Central IRB. The PI/SC then submits the LSI applications to the VA Central IRB. The PI/SC is responsible for ensuring that no research begins at any of the engaged sites in the study until all required approvals have been received.

3. The LSI must provide a rationale for any differences between the PI/SC and LSI application. The LSI is responsible for all aspects of the research project conducted at the local site in accordance with paragraph VHA Handbook 1200.05 and for ensuring compliance at that site with all VA and other requirements for the conduct of human research. The LSI recruits the

local site project team and prepares the LSI application for the specific participating local site. The research project may not begin at this site until all required approvals have been received.

D. VA CENTRAL IRB PROCEDURES (REVIEW OF PI/SC AND LSI APPLICATIONS):

Principal Investigator (PI)/Study Chair (SC)

1. The PI/SC of the entire project is notified that his/her project has received a fundable score. The PI completes the PI/SC New Project Application.

2. The PI/SC submits the new project application to the Research Administrative Office (RAO) to obtain the signature of the ACOS on the application. The RAO retains a copy for the protocol file. The application is returned to the PI/study staff to be submitted to the VA Central IRB.

3. The PI/SC contacts the VA Central IRB administrative staff to coordinate the management of study documents. Access to the VA Central IRB SharePoint folder for the study is given to the PI/SC, study staff, and the local site liaisons (ACOS, AO, RDC Coordinator, ISO and RCO).

4. The PI/SC application is reviewed by the convened VA Central IRB or via expedited review. The PI and site liaisons will receive correspondence detailing any contingencies that must be addressed if the study is contingently approved.

5. When the PI/SC New Project Application has been fully or contingently approved, the main study site and the multiple local sites identified in the application are sent a copy of the application package. The PI/SC, and local site investigators and liaisons are required to review the documents and provide comments to VA Central IRB voicing any concerns regarding the study. The PI/SC and the local site investigators and liaisons have 15 calendar days to provide comments on the initial VA Central IRB review of the application. This is an opportunity for the PI/SC or local site investigator and liaisons to provide input to the VA Central IRB regarding the study design. The local site liaison can request review of the documents by an individual with a particular area of expertise, if necessary.

6. The VA Central IRB will review local site comments and require PI/SC to make changes as applicable. A final determination of the study will be sent to the PI/SC and site liaisons. Whatever revisions are made by the VA Central IRB must be accepted in full by the NWHCS, or, if the final approval documents are not acceptable to the NWHCS PI/SC or local site liaison, participation in the study must be declined.

7. When the PI/SC has full approval by the VA Central IRB, the review of local site investigator applications will begin. If the study will include the enrolling of subjects at the NWHCS, a local site investigator application must be submitted to the VA Central IRB.

Local Site Investigator (LSI) Application:

1. Once the main PI/SC application is approved, the local site investigators are instructed to prepare the local site investigator application. The local site investigators are contacted by the main PI/SC regarding participation as an investigator at the NWHCS.

2. The local site investigator submits the New Project Application to the Research Administrative Office (RAO) to obtain the signature of the ACOS on the application and retains a copy for the RAO protocol file. The application is returned to the PI/study staff to be submitted to the VA Central IRB.

3. The LSI coordinates with the main PI/SC to facilitate uploading the documents to the VA Central IRB SharePoint study folder. Study documents are uploaded to the SharePoint study folder by the PI/SC or local site investigator, or study staff. The local site liaisons do not submit study documents or applications.

4. The local site investigator application is reviewed by the convened VA Central IRB or via expedited review. The local site investigator and liaisons will receive correspondence detailing any contingencies that must be addressed if the study is contingently approved. The primary liaison and/or designee (i.e., IRB Chair) will provide comments within 15 calendar days of the receipt of the initial review determinations.

5. When the approval documents are ready, a link to the folder on the SharePoint site will be sent to PI/SC, local site investigators/staff, and local site liaisons. When the signed minutes from the VA Central IRB meeting are complete, a link to a folder on the SharePoint site will be sent to the PI/SC, LSI and local site primary liaison. The minutes from the VA Central IRB meeting at which the project was reviewed will be included for review at the next R&D Committee meeting.

E. NWHCS /LOCAL R&D PROCEDURES:

Submission to R&D Committee:

1. The complete and approved PI/SC or LSI application is submitted to the R&D Committee along with the Request to Review found at the NWHCS website: http://www.nebraska.va.gov/services/Research/rd/rd_forms.asp Other subcommittee reviews and approvals (i.e., Subcommittee for Research Safety, Radiation Safety) must have occurred prior to R&D Committee review and approval. Any local service support should be identified (i.e. Pharmacy, Pathology).

2. The study is entered on the R&D Committee agenda in MIRB and assigned a reviewer. The ePromise database is updated with the local study information. Credentialing and education requirements must be met by the local site investigator and study staff. A Scope of Practice is required for each team member.

3. Following R&D Committee approval and ACOS/Research signature to initiate the study, the approval is sent to the local PI and a copy to the VA Central IRB Coordinator for that study.

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 review and approve the VA Central IRB minutes at which the continuing reviews were discussed and approved. The PI/SC or LSI is required to provide a copy of the VA Central IRB continuing review application and approval for the RAO protocol file.

Reporting to VA Central IRB:

1. The PI/SC or LSI must promptly inform the VA Central IRB of modifications, complaints from subjects or others, unanticipated problems involving risks to subjects or others, unanticipated serious adverse events, suspensions or terminations of research. No changes to the protocol should be implemented until the proposed modifications are approved by the VA Central IRB. Modifications may only be implemented locally to eliminate apparent immediate hazards to the human subjects and appropriate reporting are made.

2. If any local action is mandated by the R&D Committee, the local site liaison should notify the VA Central IRB. Research compliance reporting requirements must be met according to VHA Handbook 1058.01. Refer to the VA Central IRB website: <http://www.research.va.gov/programs/pride/cirb/sop/default.cfm>) for information on specific reporting requirements and procedures. A link to notification, amendment, and serious adverse event approval documents on the SharePoint site will be sent to the PI/SC, local site investigators and staff, and local site liaisons by the VA Central IRB. Copies of the documents will be stored in the PI's study files and the protocol file located in the RAO. Notifications, amendments, and serious adverse events do not need to be reviewed by the R&D Committee per requirements of VHA Handbook 1200.01. When the RCO or ACOS/Research requests R&D Committee review, the item will be placed on the R&D Committee agenda.

3. If the modification includes study personnel being added to a study that is reviewed by the VA Central IRB, a personnel initiation sheet is submitted to the RAO. Credentialing and education requirements must be met and a scope of work form must be received for that individual.

Privacy Officer (PO) and Information Security Officer (ISO) Review:

1. The VA Central Office PO and ISOs perform the required privacy and information security reviews as part of the study reviews. The NWHCS PO does not conduct a separate privacy review of studies overseen by the VA Central IRB. The NWHCS ISO may need to review some studies overseen by the VA Central IRB due to local project-specific information security issues. In these cases, the VA Central Office ISO will work with the NWHCS ISO to resolve these issues.

2. Any unauthorized use or disclosure of protected health information (PHI) or any violations of VA information security requirements in projects overseen by the VA Central Office must be reported to the VA Central IRB, and the local PO and ISO.

Review of VA Central Office Human Research Protection Plan (HRPP) Annual Report

The VA Central IRB HRPP annual report is reviewed by the NWHCS R&D Committee annually. The review will be scheduled according to the R&D Committee Timeline.

Review of Audits:

1. Routine and other compliance audits of VA Central IRB-approved projects conducted by the Research Compliance Officer (RCO) will be reported to the R&D Committee.

2. Results of special audit requests made by the VA Central IRB as part of its oversight responsibilities for projects for which it serves as the IRB of record will be reported to the VA Central IRB and the R&D Committee.

XIII: REFERENCES

The following list of references is not all-inclusive, but is provided to assist in locating some frequently requested resources related to the R&D program.

VHA Handbook 1200.01	Research & Development Committee Handbook
VHA Handbook 1200.04	Research Career Development Program
VHA Handbook 1200.05	Requirements for the Protection of Human Subjects in Research
VHA Handbook 1200.06	Control of Hazardous Agents in VA Research Laboratories
VHA Handbook 1200.07	Use of Animals in Research
VHA Handbook 1200.08	Safety of Personnel Engaged in Research
VHA Handbook 1058.01	Research Compliance Reporting Requirements
VHA Handbook 1058.02	Research Misconduct
VHA Handbook 1058.05	VHA Operations Activities That May Constitute Research
VHA Handbook 1200.19	Presentation of Research Results
VHA Handbook 1202.01	BLR&D & CSR&D Merit Review Award Program Process
VHA Handbook 1203.01	Rehab R&D Merit Review Program
VHA Handbook 1204	VHA Health Services Research & Development
VHA Handbook 1400.06	Foreign Travel
VHA Directive 2007-040	Appointment of Facility Information Security Officer (ISO) and Privacy Officer (PO) to the Institutional Review Board (IRB) or the Research and Development (R&D) Committee
VHA Directive 6300	Records Management

IACUC Standard Operating Procedures

IRB Standard Operating Procedures

Research Safety Operating Procedures

VA Central IRB Memorandum of Understanding between VHACO and NWHCS