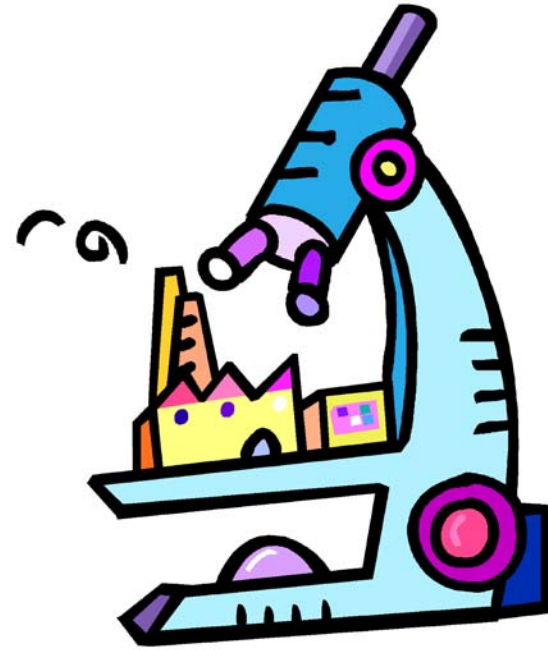


Having your study
audited
by the REB
...What to expect?



Natalia Zaslavska, MPH, PMP

Audit Consultant, Research Projects & Electronic Health Records
CAMH Research Ethics Office
33 Russell street, T117, x 6747

Agenda for today

- What are the REB audits/continuing review?
- Why REB is doing the continuing review?
- How studies are selected?
- What Process REB is following?
 - Before the audit
 - During the audit
 - After the audit
- Files organization
- What to do with the results of the review?

What are the REB Audits/ Continuing Review of Research?

- Internal REB Audits = **Continuing Review of Research** (OHRP, TCPS) are conducted to ensure the protection of the rights, safety and welfare of human research subjects, the integrity of research data & completeness of research documentation.
- **Internal audits:** independent, objective assurance and consulting activity designed to add value and improve an organization's operations. *(The Institute of Internal Auditors)*

Why REB is doing continuing reviews?

- Part of accountability to CAMH clients who participate in research, other CAMH clients, research community, general public, etc.
- Maintain highest ethical & scientific standard of human subject research
- Part of CAMH Quality Assurance Program
- Meet the TCPS requirements for continuing review of all research involving human subjects
- Verify compliance with REB approved protocol
 - Amendments are followed
 - Data integrity is maintained
 - Human subjects are protected
- Contributes to education regarding research ethics at CAMH
- Prepare the study for the external audits if there is need

Levels of monitoring

- **Level 1** – Minimum level – Annual or more frequent renewals, routine review of reports, amendments, adverse events, final reports, etc.
- **Level 2** - Audit of study documentation
- **Level 3** – Interviews with subjects, study team, observations of the consent process, other interactive procedures, etc.

Selecting studies for the review - the Reality

- Degree of risk involved in the study
- Random Sampling (37/528)
- For cause audits:
 - Safety concerns (high risk to subject welfare)
 - Annual renewal forms or other communications with REB raised concerns
 - Complaints from research subjects, team, supervisors or colleagues
- Audits by PI requests:
 - Sponsor/Health Canada notifications about their audit (announced)

Initial Contact - Reality

REB sends to the PI by email:

- A letter from Dr. Darby, CAMH REB Chair
- A pre-visit form
- Relevant SOPs

In 3 weeks the PI sends us:

- Completed pre-visit form
- Protocol & Amendments
- Subject list with subject codes, age & gender (no identifying information)

Audits are usually scheduled 2 weeks after the PI sends us the package back. Total time is 5-6 weeks from the initial contact

Audit Schedule

- 2 days: 9:30-4 pm
- **Day 1:**
 - Meet with PI (1-2 hours)
 - Review: Regulatory binder
 - Review: Subject files (20% of files, could be up to 100%)
- **Day 2** (if necessary):
 - Subject files
 - Correction of easily fixed omissions found in study documentation
- **1-2 weeks after** – REB sends the PI Audit report with required changes to documentation practices
- **2-3 weeks after** – Reply from the PI on the plan of action. REB asks for a feedback to the continuing review process.
- **1 month after** - Post-audit meeting with the PI to review the correction of identified issues.

DOCUMENTATION



Regulatory/Guidelines Binder

- **Binder** where your study documentation is stored and available for review of study procedures (internally) and audits (externally)
- **Binder Dividers:**
 - Research Studies (non-clinical research)
 - Clinical Trials (I-III)
 - Clinical Trials (IV)
- Binder with **SOPs**

Binder Dividers: General Considerations

- Order of the documentation – **chronological**, most recent files first
- All documentation should be **dated** and most of them **signed**
- Study recruitment logs updated **regularly** when new subjects are screened and enrolled (weekly, monthly, etc).
- No duplication of documents
- **Electronic back up** is a good idea with the same name for file folders and secured access to shared drive to the team members. **External auditors DO NOT recognize electronic filing.**
- If a section of the divider doesn't apply to your study insert **"NA"** in place of the document
- Feel free to **add tabs** if you need to file unique documents
- **Where to get binder dividers:** Sponsor, Manager for Quality Assurance Sandhya Patel (Research Office), REB.

Binder Dividers: Research Studies (Non-clinical trial research)

- Grant or Contract with the Sponsor
- Study protocol (grant application) with amendments, data collection forms
- Communication with REB
- Information given to research subjects
- Study recruitment
- Staff qualifications
- Study monitoring
- Final report to the sponsor

Binder Dividers:

Clinical Trials Phase I-III

- Investigator Brochure & updates
- Contract with the Sponsor, budget
- CTA
- Signed and dated protocol & amendments, CRF
- Communication with REB
- Information given to research subjects
- Study recruitment
- Staff qualifications
- Study monitoring
- Final report to the sponsor

Binder Dividers:

Clinical Trials Phase IV

- Drug information sheet
- Contract with the Sponsor, Budget
- Signed and dated protocol & amendments
- Communication with REB
- Information given to research subjects
- Study recruitment
- Record keeping
- Staff qualifications
- Study monitoring
- Final report to the sponsor

Subject Binders/Data Collection Forms.

General Requirements

- Consent forms stored **separately** from data collection forms
- Participants identified by subject **numbers**, not names. Names are permitted only on clinical forms (prescription, RAI, lab test results, etc). Names should be blanked out when data collection stops (study archived)
- Secure storage: **locked cabinet**, locked office.
- REB/Sandhya do not supply the dividers for subject binders.

Study Database

- No names or other identifying information in database.
- Contact info file stored separately from the database, cross linking subject IDs with actual data
- Code book is a part of regulatory binder (SAS)

Relevant SOPs (18)

- http://insite.camh.net/Programs_and_Departments/Research/SOPs/standard_operating_procedures33137.html
 - Training of Research Personnel
 - Responsibilities of Research Personnel
 - Research Ethics Board (REB) Communication
 - Informed Consent Forms
 - Investigator Study Files and Essential Documents
 - Patient/Subject Recruitment into Research
 - Informed Consent Process
 - Protocol Amendments, Deviations and Violations
 - Sponsor Communication and Monitoring Visits
 - Site Data Management and Retention
 - Study Closeout
 - Audits and Inspections
 - SOP for Continuing Review (REB)

Continuing review audit results

- By default REB assumes that problems noted in a continuing review audit are the result of inadvertent error.
- Significant breaches of the approved protocol may result in the **withdrawal** of REB approval of the study and **reporting** to the Vice President Research. In all instances the welfare of the research subject will be considered primary.

Take Home Messages (ASK)

- Send REB the required forms/documentation on time
- **Regulatory/guidance binder** present, organized by dividers, kept in chronological order
- **Subject binders/data collection forms:**
 - ID on every page, no identifying info on forms
 - Consent forms stored separately
 - Bound together
 - Kept in locked cabinets
- **Research Database:**
 - No identifying info
 - Secure access limited to team members/part of the team
- **Binder with CAMH SOPs present**



**Best of luck with
your studies!**