
Yale University Human Research Protection Program

HRPP Policy 700 Noncompliance

Responsible Office	Office of Research Administration	Effective Date	2/10/09
Responsible Official	HRPP Director	Last Revision	10/22/10

Policy Sections	3
700.1 Reporting Noncompliance	3
700.2 Investigation of Reports by the IRB	3
700.3 Consequences of Noncompliance	4
700.4 Record Keeping and Further Reporting Requirements	4

Scope

The policy applies to all University investigators and research personnel who conduct research involving human subjects as well as University designees responsible for the oversight of human research.

This policy defines instances of noncompliance with IRB review and approval requirements, federal regulation, state law or University policy that must be reported by the investigator or others to the IRB. The policy also defines when and to whom the IRB and the University must report incidents of noncompliance.

Policy Statement

All members of a research team are required to conduct research projects in accordance with the protocol as approved by the IRB, and in accordance with federal regulations, state law, and University policy. Failure to do so constitutes noncompliance in the research endeavor, irrespective of the magnitude or intent of the deviation from the approved protocol. Principal Investigators are responsible for reporting incidents of serious or continuing noncompliance to the IRB along with any proposed corrective action plan to ensure the safety of research participants and others and future compliance with the approved protocol and to prevent reoccurrence.

Other entities responsible for the oversight of human research and University personnel, who believe in good faith that they are aware of an instance of noncompliance, also are required to report such incidents to the IRB office. The University prohibits retaliation for good faith reporting of instances of noncompliance.

The IRB or qualified designee will promptly review and/or investigate reports of noncompliance and institute appropriate corrective actions as described herein.

Reason for the Policy

In most instances, changes to research procedures and interventions of IRB approved projects are anticipated by the principal investigator, who requests review and approval of the modification by the IRB prior to its being implemented. The IRB recognizes, however, that deviations from IRB approved protocols may occur during the conduct of research. The IRB also recognizes that noncompliance with established regulations, policies and procedures may also occur during the course of a research study. Therefore this policy is established to ensure that the principal investigator and the IRB assess whether or not 1) an incidence of noncompliance that occurs during the conduct of the research exposes research participants and others to increased risk or reduced benefits, 2) the incident compromises the integrity of the study and 3) identification and implementation of corrective actions is necessary.

It should be noted that changes to protocols or otherwise failing to comply with University IRB policies may also necessitate review and investigation by other appropriate University officials, which may result in disciplinary actions or sanctions.

Definitions

Noncompliance

Any action or activity associated with the conduct or oversight of research involving human subjects that fails to comply with either the research plan as approved by a designated IRB, or federal regulations or institutional policies governing such research. Noncompliance may range from minor to serious, be unintentional or willful, and may occur once or several times. Noncompliance includes deviations to the protocol made in the interest of a single participant such as to coordinate study visits. Noncompliance may result from the action of the participant, investigator, or staff and may or may not impact the rights and welfare of research participants or others or the integrity of the study. Complaints or reports of noncompliance from someone other than the research investigator are handled as allegations of noncompliance until such time that the report is validated or found to be validated or dismissed.

Minor Noncompliance: Any behavior, action or omission in the conduct or oversight of research involving human subjects that deviates from the approved research plan, federal regulations or institutional policies but, because of its nature, research project or subject population, does not:

1. place, or have the potential to place, participants and others at greater risk than previously anticipated;
2. have a substantive effect on the value of the data collected; and
3. result from willful or knowing misconduct on the part of the investigator(s) or study staff.

Examples of minor noncompliance may include, when such noncompliance does not create additional risks to subjects:

1. Changing study personnel without notifying the IRB;
2. Shortening the duration between planned study visits;
3. Implementing minor wording changes in study questionnaires without first obtaining IRB approval;
4. Routine lab missed at scheduled visit and re-drawn later.

Serious Noncompliance: Any behavior, action or omission in the conduct or oversight of human research that has been determined to:

1. affect the rights and welfare of participants and others;
2. increase risks to participants and others, decrease potential benefits or otherwise unfavorably alter the risk/benefit ratio;
3. compromise the integrity or validity of the research; or
4. result from the willful or knowing misconduct on the part of the investigator(s) or study staff.

Examples include, but are not limited to:

1. Conducting non-exempt research that requires direct interaction or interventions with human subjects without first obtaining IRB approval;
2. Enrolling subjects who fail to meet the inclusion or exclusion criteria in a protocol that involves greater than minimal risk and that in the opinion of the IRB Chair, designee, or convened Committee, places the participant(s) at greater risk; or
3. Failure to report adverse events, unanticipated problems, or substantive changes to the proposed protocol to the Committee in accordance with IRB Policy 710 and Form 100 FR.4: Request for Approval of Amendment.

Continuing Noncompliance: A pattern of noncompliance that, in the judgment of the IRB Chair, designee, or a convened Committee, indicates a lack of understanding or disregard for the regulations or institutional requirements that protect the rights and welfare of participants and others, compromises the scientific integrity of a study such that important conclusions can no longer be reached, suggests a likelihood that noncompliance will continue without intervention, or involves frequent instances of minor noncompliance. Continuing noncompliance may also include failure to

respond to a request from the IRB to resolve an episode of noncompliance or a pattern of minor noncompliance.

Suspension

A temporary cessation of one or more aspects of an IRB approved study while the research is considered active. The activities to be suspended are determined by the specific concerns raised and the potential risks to subjects of continuing or not continuing study procedures and must be either determined by or endorsed by the IRB. Suspensions may be initiated by the principal investigator, the Sponsor, University monitoring authorities or the IRB. Suspensions may apply to some or all protocol activities such as stopping further enrollment of new subjects or stopping all protocol-related activities.

Termination

Withdrawal of IRB approval of a study. Following a determination to terminate a study, no study procedures may occur other than those identified by the IRB as necessary for the orderly closing of the study.

Policy Sections

700.1 Reporting Noncompliance

Investigators, research personnel, or other individuals who believe that an incident of serious or continuing noncompliance has occurred must report the incident to the IRB within five (5) working days of their becoming aware of the incident. Upon the complainant's request, his or her anonymity will be preserved to the extent practicable.

Principal Investigators are responsible for reporting noncompliance that occur at Yale's research site(s) to the IRB within five (5) working days of the investigator becoming aware of their occurrence. Investigators are also required to report results of audits or inspections conducted by sponsors, other external entities such as the Food and Drug Administration (FDA), or internal oversight committees, which indicate a serious or continuing noncompliance. Investigators are not required to report noncompliance from other sites unless a Yale investigator serves as the lead Principal Investigator or managing investigator for a multi-center study.

Minor noncompliance should be summarized for the IRB at the time of continuing review. When appropriate, the summary may be a simple brief statement that there have been no unanticipated problems.

Retaliation against an individual for having made in good faith an allegation of noncompliance with human research regulations or policy is a violation of University policy and an offense subject to University disciplinary procedures. Concerns about possible retaliation or harassment must be reported to the IRB.

Reporting of incidents by Yale or its IRBs are further defined in Section 700.4 below.

700.2 Investigation of Reports by the IRB

All allegations or reports of noncompliance submitted to the IRB office will be reviewed and resolved according to Procedure 700 PR.3: IRB Review and Investigation of Reports of Noncompliance. Serious and/or continuing noncompliance will be reported to and reviewed by the fully convened IRB.

Allegations or reports of noncompliance occurring at Research Affiliate sites for which the University is serving as the IRB of record will be reviewed in accordance with IRB policy and procedure and discussed with the Research Affiliate. Reasonable efforts will be made to coordinate the IRB's investigation with the Research Affiliate's internal processes for handling noncompliance.

Allegations of reports of noncompliance occurring in Yale research for which an external IRB has been designated as Yale's IRB of record will be reviewed in accordance with the terms outlined in

Yale's agreement that designates the external IRB. Yale requires the external IRB to notify Yale of such review.

700.3 Consequences of Noncompliance

The IRB has the authority to take whatever action it deems appropriate, up to and including suspending or terminating approval of research that is not being conducted in accordance with IRB policies or with state and federal law, or that involves allegations of misconduct or has been associated with unexpected serious harm to participants and others (e.g., unanticipated problems involving risks to subjects or others). Except in cases of imminent harm to research subjects or others, the IRB will not fully suspend approval of research studies until the researcher has had an opportunity to respond to the initial allegation(s) of noncompliance.

If subjects are at immediate risk of harm and may be placed at further risk while awaiting the outcome of a convened IRB meeting, the IRB Chair(s) or designee has the authority to place one or all aspects of a study on suspension pending the decision of the full Committee.

700.4 Record Keeping and Further Reporting Requirements

Whenever an allegation or complaint of noncompliance warrants inquiry and further action as described in IRB Procedure 700 PR.3, notice of the allegation(s) will be provided to the investigator at the start of the investigation. Throughout the investigation, the investigator will be provided the opportunity to respond. In instances of noncompliance, an investigative report and any appropriate corrective action taken with the investigator (such as retraining or modification to research procedure) will be documented in the study file. The investigator will be provided written notification of the outcome of the investigation.

Allegations which are determined to not actually constitute noncompliance will nonetheless be documented in an IRB compliance file and an explanation of this determination may be provided to the complainant when the reviewer deems it appropriate.

When the incident is considered serious or continuing noncompliance, the matter will be reported to the fully convened IRB for deliberation regarding appropriate corrective actions including whether or not further information for or protection of research participants and others is required.

For all incidents determined by the fully convened IRB to be serious or continuing noncompliance the IRB will notify the following individuals within 7 days: the PI and Faculty Advisor, where applicable, the Department Chair involved in the research, and the Institutional Signatory Official. Where applicable, the IRB will also notify within 30 days University Grant and Contract Administration; OHRP; FDA; the funding agency and for other institutions participating in the research, the HRPP Administrator(s) and the IRB Chair(s) of those institutions.

When the fully convened IRB makes a decision to suspend or terminate approval of any research for any reason, the following individuals will be notified within five working days: the PI and Faculty Advisor, where applicable, the Department Chair involved in the research, and the Institutional Signatory Official. Where applicable, the IRB will also notify University Grant and Contract Administration; OHRP; FDA; the funding agency and for other institutions participating in the research, the HRPP Administrator(s) and the IRB Chair(s) of those institutions.

Related Information

IRB Policy 710: Reporting Adverse Events and Unanticipated Problems Participants and others

100 FR.6: Request for Approval of Amendment

700 PR.1: Reporting Noncompliance and Protocol Deviations to the IRB

700 PR.2: Soliciting and Responding to Research Participant Feedback and Concerns

700 PR.3: IRB Review and Investigation of Reports of Noncompliance

700 PR.4 Suspension and Termination of Human Research

Contacts

Subject	Contact	Phone
Reporting Noncompliance Biomedical	Human Investigation Committee	785-4688 ysmhic@yale.edu
Reporting Noncompliance Behavioral and Social Science Research	Human Subjects Committee	436-3650 human.subjects@yale.edu
Oversight of Reports of Noncompliance	Institutional Signatory Official	432-8630

Roles and Responsibilities

Human Investigation Committee

The HIC I, HIC II, HIC III and HIC IV serve as the four Institutional Review Boards or IRBs for biomedical human subjects research conducted at Yale University.

Human Subjects Committee

The HSC is responsible for the review and oversight of social and behavioral research involving human subjects.

Institutional Signatory Official

The Associate Vice President for Research Administration serves as Institutional Signatory Official for Yale University. As such, the Institutional Signatory Official is responsible for ensuring that Yale fulfills the obligations and responsibilities promised in the terms of its Assurance.

Revision History

October 22, 2010, June 17, 2010, October 12, 2009 and February 10, 2009