POLICY

1. Purpose
Establish a program within the University of Rochester (UR) to ensure individuals involved with human subject research understand and apply their obligation to protect the rights, dignity, welfare, and privacy of research subjects at the University of Rochester (and its affiliates) by adhering to the highest ethical standards and by complying with applicable federal and state regulations, as well as institutional policies.

2. Scope
This policy applies to all human subject research conducted or supported by employees or agents of the UR.

3. Definitions
3.1. Employee or Agent - An individual who: (1) acts on behalf of the institution; (2) exercises institutional authority or responsibility; or (3) performs institutionally designated activities, including but not limited to staff, students, contractors, and volunteers, regardless of whether the individual is receiving compensation.

4. References
4.3. Policy 301 RSRB Scope and Authority
Policy 609 Research Supported by the Department of Defense
Policy 801 Reviewing and Reporting Research Events
Policy 802 Non-Compliance

5. Responsibilities

5.1. Ethical Principles
5.1.1. The UR Human Research Protection Program (HRPP) is grounded in foundational ethical principles. These guiding ethical principles are embodied in the Nuremberg Code of 1947, the Declaration of Helsinki of 1964 and its subsequent revisions (World Medical Association), and particularly in the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research issued by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in 1979. The Belmont Report principles of
respect for persons, beneficence and justice are accepted as critical for the ethical conduct of human subject research:

5.1.1.1. **Respect for Persons** – Individuals should be treated as autonomous agents. They should voluntarily participate in research only after being fully informed of the benefits and risks of participation. Respect also means honoring the privacy of individuals and maintaining the confidentiality of data obtained. Special protection should be given to individuals with diminished autonomy (e.g., children, prisoners, cognitively impaired).

5.1.1.2. **Beneficence** – Researchers are obligated to maximize possible benefits and reduce or eliminate possible risks to subjects.

5.1.1.3. **Justice** – The benefits and risks of research should be equitably distributed, and research with any risk should not unduly involve persons from groups unlikely to be among the beneficiaries of subsequent applications of the research.

5.2. Compliance with Regulations and Laws

5.2.1. All human subject research conducted by or under the auspices of the UR will be performed in accordance with applicable federal regulations, as well as state and local regulations and law, including but not limited to:

- Food and Drug Administration (FDA) regulations published at 21 CFR 50 and 56 and applicable sections of 21 CFR 312, 600, 812 and 814 regarding investigational new drugs and investigational devices.
- For Department of Health and Human Services (HHS) sponsored studies, regulations published at 45 CFR 46 (all subparts), and for all other federally sponsored studies, the “Common Rule” regulations (i.e., 45 CFR 46, Subpart A, as published in the applicable department/agency regulations).
- For Department of Defense (DoD) sponsored studies, regulations published at 32 CFR 219 and Policy 609 Research Supported by the Department of Defense.
- For Environmental Protection Agency (EPA) sponsored studies, regulations published at 40 CFR 26.
- Health Information Portability and Accountability Act (HIPAA) “Privacy Rule” HHS regulations published at 45 CFR 160 and 164.
- 42 USC § 289 Institutional review boards; ethics guidance program.
- New York Surrogate Court Procedure – Article 17-A: Guardians.
- New York Civil Rights Code Article 7 – § 79-L.

5.2.2. For research that is conducted or supported by the EPA and RSRB is the Reviewing IRB, researchers and the RSRB are responsible for ensuring the following:

- Research does not involve the intentional exposure of pregnant women, nursing women, or children to any substance;
• Research applies the additional protections under 40 CFR 26 Subparts C and D for pregnant women and children as subjects in observational research (i.e., research that doesn’t involve intentional exposure to any substance);
• RSRB determinations are submitted to the EPA human subjects research review official for final review and approval before the research begins;
• EPA regulations protecting human subjects under 40 CFR 26 are applied for research submitted to EPA, but that is not otherwise conducted or supported by any federal agency that has regulations for the protection of human subjects.

5.2.3. For research that takes place in jurisdictions other than the State of New York, the investigator is responsible for providing the Reviewing IRB information concerning any laws related to human subject research conducted within the jurisdiction. When there are differences between federal regulations and the jurisdiction’s applicable law, the more restrictive code will be applied. In this regard, the RSRB will seek guidance from UR Office of Counsel or other sources available to RSRB, as needed, to assist in obtaining the necessary information.

5.3. Federalwide Assurance

5.3.1. The UR maintains a Federalwide Assurance (FWA), FWA00009386, that certifies the UR will comply with the HHS regulations for the protection of human research subjects [45 CFR 46, Subpart A] for all research conducted or supported by employees or agents of the University of Rochester.

5.3.2. The UR is considered to be “engaged” in human research (Policy 301 RSRB Scope and Authority) as defined by the Office of Human Research Protection (OHRP).

5.3.3. The FWA also defines other responsibilities of the institution including: the provision of sufficient institutional support for the HRPP; the authority of UR’s RSRBs to approve, require modification in, or disapprove human subject research; the existence of written procedures describing the RSRB’s process for the review of research projects; and the reporting to OHRP of certain events (Policy 801 Reviewing and Reporting Research Events and Policy 802 Non-Compliance).

5.4. Intra-Institutional Relationships

5.4.1. The HRPP includes not only the Office for Human Subject Protection (OHSP), but a coordinated effort with other units and individuals within the Institution and its affiliates, as follows:
5.4.1.1. Institutional Official (IO) – Vice Provost for Research
The President, with the concurrence of the Board of Trustees, has appointed the Vice Provost for Research as the IO for the UR’s HRPP. The IO has delegated the authority for daily administration of the HRPP and oversight of human subject research to the OHSP. The Associate VP for Human Subject Protection (OHSP Director) reviews the status of the HRPP with the IO on an ongoing basis through regularly scheduled meetings. At these meetings, the HRPP is reviewed and evaluated with respect to the adequacy of financial, personnel and physical resources, RSRB structure and membership, educational, and QA/QI activities.

5.4.1.2. Office of Counsel
The Office of Counsel is available as needed to provide consultation and counsel on regulatory and legal requirements associated with research activities conducted at the University of Rochester.

5.4.1.3. Office of Research and Project Administration
The Office of Research and Project Administration (ORPA) assists faculty in the preparation and submission of research proposals to external sponsoring entities in the form of a contract, grant, or agreement, and management of post award activities. ORPA ensures that proposals have undergone regulatory compliance committee review, as applicable, at time of submission or prior to receipt of the award.

5.4.1.4. Research Privacy Officer – HIPAA
UR RSRB reviews research protocols for HIPAA compliance on behalf of the University. HIPAA forms and guidance are developed in collaboration with the URMC Privacy Office, which is responsible for Institutional compliance with HIPAA regulations. When a non-routine HIPAA issue arises, RSRB staff may consult with the research privacy officer regarding appropriate procedures. The research privacy officer may also consult with the RSRB staff when research related privacy issues arise.

5.4.1.5. Other Institutional Committees
The OHSP Director and RSRB Director represent the OHSP in collaboration with other institutional committees. These interactions serve to ensure that various departmental needs are met within the context of conducting human subject research and to ensure compliance and consistency with University policies and procedures as applicable to human subject research.
5.4.1.6. HRPP Collaborations
Below is a schematic of the ancillary committees, groups, departments and staff who engage with OHSP to enhance the quality and effectiveness of the HRPP.

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URMC = University of Rochester Medical Center: An academic medical center that forms the centerpiece of the University’s health research, patient care, and community outreach missions.

URMC Privacy Workgroup = A committee of the privacy officers and departmental representatives from URMC and Affiliates.

CIAG = Conflict of Interest Advisory Group: A URMC committee that is advisory to the Dean of the School of Medicine and Dentistry that assists with the review and management of faculty and academic leaders potential conflicts of interest or commitment.

UR COI = University of Rochester Conflict of Interest Committee: A committee that is advisory to the Provost, the Deans, and the Senior VP for Research that assists with the review and management of faculty and academic leaders potential conflicts of interest or commitment.

Ethics Committee = An advisory committee of individuals involved in medical and research ethics. This committee is available as an advisory resource for members of the professional staff regarding the ethical dimensions of patient care.

CRRPIT = Clinical Research Review Process Improvement Team: A committee with a mission to facilitate collaboration between central administrative departments that are responsible for the review of proposed clinical research projects and post-award administration of approved projects, and to encourage URMC faculty in their efforts to produce high-quality clinical research by ensuring an efficient review process that complies with necessary research proposal review policies.

CTSI Network Capacity Core = A multi-disciplinary committee charged with leading the CTSI’s effort to maximize our capacity to utilize the Trial Innovation Network of the CTSA, by optimizing University research infrastructure.

Research Compliance Committee = A committee of the leadership of the research enterprise with representation from faculty and the Office of Counsel, which is tasked with identification and management of key compliance issues facing the research enterprise.
Originator/Authors:
Kelley O’Donoghue, Director, OHSP
Emily Flagg, Senior Regulatory Specialist
Ann Marie Scorsone, Senior Regulatory Specialist

Appendices:
None

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01/2015: Sect 1.0 added institutional policies; Sect 4.1 and 5.2.1 EPA regulatory references per AAHRPP; Sect 5.2.2 added per AAHRPP; Sect 5.2.2 becomes 5.2.3; URMC Privacy Workgroup definition editorial change
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10/2019: Update Intra-Institutional Relationships, IO, signatories, and editorial

Supersedes Date:
06/14/2017

Approved By:
Richard Waugh
Institutional Official and Vice Provost for Research

Gunta Liders
Director, ORPA

Nora Tabone
Chief Privacy Officer

Kelley A. O’Donoghue
Director, OHSP

Nicole Mason
Executive Director, RSRB

Date

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Date

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**Originator/Authors:**
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- Emily Flagg, Senior Regulatory Specialist
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