

Excerpt of Protocol Deviation Policy from IRB Policies & Procedures Approved 4/2/2012

Recognizing Deviations from the IRB Approved Protocol

The IRBs presume that what is occurring in the implementation of protocol procedures is consistent with what was approved by the IRB. However, the IRBs recognize that deviations and exceptions to approved IRB protocols may occur. A protocol deviation occurs when there is an inconsistency in a research study between the approved protocol and the actual activities being done. Protocol deviations may directly harm or present the risk of harm to human subjects, or may be administrative in nature, such as those related to data or records-keeping. The PVAMC categorizes protocol deviations into minor, moderate, or major, and within those categories applies criteria for direct harm/risk of harm or administrative deviations, as follows:

1. Minor Protocol Deviations

- Direct harm/risk of harm:
 - The deviation resulted in no substantive direct harm or risk of harm to research participants or others.
 - The deviation did not result in or require any substantive action to be taken or result in a substantive change to the subject's condition or status (i.e., did not affect the subject's participation in a substantive way, did not result in a change to the subject's emotional or clinical condition, did not cause an adverse experience or require a change to the clinical care of the subject, etc.)
- Administrative:
 - The deviation had no substantive effect on the value of the data collected (i.e., the deviation does not confound the scientific analysis of the results); or
 - The deviation did not result from willful or knowing misconduct on the part of the investigator(s); or
 - The deviation (e.g., consenting a subject with an old version of a consent form, recording data on an expired/incorrect form, forgetting to record data that may be acceptable recorded at the next visit) is easily corrected.

2. Moderate Protocol Deviations

- Direct harm/risk of harm:
 - The deviation resulted in a direct harm or risk of harm that is not greater than the minimal risk levels defined in Appendix 1 of this P&P; or
 - The deviation resulted in the need for minimal risk interventions, such as those defined in Appendix 1 of this P&P;
- Administrative:
 - The deviation resulted in the loss or improper collection or recording of some data for one or more subjects, but did not invalidate the entire data set for the study; or
 - The deviation resulted in a regulatory violation that can be acceptably resolved; or
 - Repeated minor protocol deviations from the same laboratory, site or research team (the threshold for repeated minor protocol deviations becoming a moderate deviation will depend on the nature of the study and the nature of the deviations); or
 - There has been a failure to follow action ordered to correct minor or moderate protocol deviations.

3. Major Protocol Deviations

- Direct harm/risk of harm:
 - The deviation resulted in or required a substantive action to be taken or resulted in a change to the subject's condition or status;
 - The deviation has harmed or posed a significant risk of substantive harm to research participants.
- Administrative:
 - The deviation has substantially damaged the scientific integrity of the data collected for the entire study; or
 - The deviation is evidence of willful or knowing misconduct on the part of the investigator(s); or
 - The deviation involves serious or continuing non-compliance with federal, state, or local research regulations; or
 - There have been repeated minor and/or moderate protocol deviations from the same laboratory, site or research team; or
 - There has been a failure to follow action ordered to correct minor and/or moderate protocol deviations; or
 - There has been a failure to take emergency corrective action ordered by an IRB Chair when, in the IRB Chair's assessment, it appears that research subjects may be at risk of harm due to a reported protocol deviation.

Reporting and Review Procedures of Protocol Deviations

The principal investigator makes the initial determination of whether a protocol deviation is minor, moderate, or major. In cases that a deviation must be reported, it should be reported on the Human Research Event Report Form found at <http://www.portland.va.gov/research/documents/hrpp/human-research-report-form.doc>. All reportable deviations must be reported within 5 business days of awareness, unless otherwise noted below.

1. Minor Protocol Deviations

- Minor protocol deviations do not need to be reported.
- If a minor protocol deviation is reported, an IRB Chair or qualified IRB member will review the reported deviation using the Human Research Event Report Reviewer Checklist. The IRB Chair or member may require corrective action to be taken when there is a pattern of repeated minor protocol deviations.
- In cases where an IRB Chair or member determines that a reported deviation can be categorized as minor or that no deviation actually occurred, the investigator/study coordinator will be notified via e-mail that the deviation was determined to be minor, and that no further action is needed. In addition, the deviation will be included on the summary report that is provided to the IRBs with the monthly meeting agenda.

2. Moderate Protocol Deviations

- All moderate protocol deviations must be reported.
- When a moderate protocol deviation is reported, an IRB Chair or qualified IRB member will review the reported deviation using the Human Research Event Report Reviewer Checklist, and will confirm that the protocol deviation meets the definition of moderate. If necessary, the IRB Chair or member will seek consultation from other IRB members or experts to make a determination that a deviation is moderate.
- If an IRB Chair or IRB member determines that the reported deviation is actually a minor protocol deviation, the investigator/study coordinator will be notified via e-mail

- that the deviation was determined to be minor, and that no further action is needed. In addition, the deviation will be included on the summary report that is provided to the IRBs with the monthly meeting agenda.
- If an IRB Chair or IRB member determines that the reported deviation meets the definition of moderate, the IRB Chair may require corrective action to be taken for moderate protocol deviations. In such cases, the IRB Chair or member may serve as the reviewer for any required changes (to the protocol, consent, etc.) or corrective action, utilizing an expedited review procedure. In such situations, the deviation will be included on the summary report that is provided to the IRBs with the monthly meeting agenda, with a notation that the deviation was categorized as moderate and what corrective action, if any, was required.
 - The IRB Chair or member may alternately choose to refer the moderate deviation report to the convened IRB for discussion and determination of corrective action.

3. Major Protocol Deviations

- All major protocol deviations must be reported.
- If there is a direct harm/risk of harm due to a major protocol deviation, it must be reported to the IRB within 24 hours of discovery of the deviation. All other major protocol deviations must be reported within 5 business days of awareness.
- When a major protocol deviation is reported, it will be reviewed initially by the IRB Chair and Alternate Chair, who will make a determination regarding whether the reported action meets the definition of major deviation. In cases that the Chair and Alternate Chair agree that the protocol deviation is major, or if they disagree (and one determines it is major and the other determines it is moderate), the report will be referred to the next convened IRB meeting for discussion and determination of corrective action (if any). In cases where both the IRB Chair and Alternate Chair rate the deviation as moderate (or minor, or that no deviation occurred), they can recommend corrective action and serve as the reviewers for any required changes (to the protocol, consent, etc.) or corrective action, utilizing an expedited review procedure. In such situations, the deviation will be included on the summary report that is provided to the IRBs with the monthly meeting agenda, with a notation regarding how the deviation was categorized by the Chair and Alternate Chair and what corrective action, if any, was required.
- In cases where the protocol deviation is determined to be major by both the Chair and the Alternate Chair, and the report is referred to the next convened meeting, the PI will be invited to attend the meeting to explain and answer questions. Prior to the meeting, the PI may be notified of additional information that is needed. In addition, the IRB may call in experts to provide an opinion, as needed.