Excerpt of Protocol Deviation Policy from IRB Policies & Procedures Approved 4/7/14

Recognizing Deviations from the IRB Approved Protocol

The IRB presumes that what is occurring in the implementation of protocol procedures is consistent with what was approved by the IRB. However, the IRB recognizes 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, or when regulations regarding the manner in which research must be conducted are not followed. 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**
    - The deviation does not meet criteria to be considered moderate or major; and:
    - Direct harm/risk of harm:
        - The deviation resulted in no substantive direct harm or risk of harm to research participants or others; and
        - The deviation did not result in or require any substantive action to be taken or result in a substantive change to the participant's condition or status (i.e., did not affect their participation in a substantive way, did not result in a change to the their emotional or clinical condition, did not cause an adverse experience or require a change to the clinical care of the participant, etc.); and
    - 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); and
        - The deviation did not result from willful or knowing misconduct on the part of the researcher(s); and
        - The deviation (e.g., consenting a participant 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**
    - The deviation does not meet criteria to be considered minor or major; and/or:
    - 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; and/or
        - The deviation resulted in the need for minimal risk interventions, such as those defined in Appendix 1 of this P&P; and/or
    - Administrative:
        - The deviation resulted in the loss or improper collection or recording of some data for one or more participants, but did not invalidate the entire data set for the study; and/or
        - The deviation resulted in a regulatory violation that can be acceptably resolved; and/or
        - There have been repeated minor protocol deviations (whether or not the events were recognized as deviations at the time they occurred) 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); and/or
    - There has been a failure to follow action ordered to correct minor or moderate protocol deviations.

3. **Major Protocol Deviations**
    - The deviation does not meet criteria to be considered moderate or minor; and/or:
    - Direct harm/risk of harm:
        - The deviation resulted in or required a substantive action to be taken or resulted in a change to the participant's condition or status; and/or
        - The deviation has harmed or posed a significant risk of substantive harm to research participants; and/or
    - Administrative:
        - The deviation has substantially damaged the scientific integrity of the data collected for the entire study; and/or
        - The deviation is evidence of willful or knowing misconduct on the part of the researcher(s); and/or
        - The deviation involves serious or continuing non-compliance with federal, state, or local research regulations; and/or
        - There have been repeated minor and/or moderate protocol deviations from the same laboratory, site or research team; and/or
        - There has been a failure to follow action ordered to correct minor and/or moderate protocol deviations; and/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 participants may be at risk of harm due to a reported protocol deviation.

B. Reporting and Review Procedures of Protocol Deviations

The PI 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 REF found at http://www.portland.va.gov/research/documents/hrpp/reportable-events-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 on the REF.
    - If a minor protocol deviation is reported, an IRB Chair or qualified IRB member will review the reported deviation using the Reportable Event Form 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 PI/study contact will be notified via e-mail that the deviation was determined to be minor and that no further action is needed. The related event should not be removed from the REF. The deviation will be included on the summary report that is provided to the IRB with the monthly meeting agenda.
    - Minor deviations should be recorded by the research team on an ongoing basis and reported in summary fashion to the IRB at each continuing review.

2. **Moderate Protocol Deviations**
    - All moderate protocol deviations must be reported on the REF.
    - When a moderate protocol deviation is reported, an IRB Chair or qualified IRB member will review the reported deviation, using the REF 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 PI/study contact will be notified via e-mail that the deviation was determined to be minor, and that no further action is needed. The related event should not be removed from the REF. The deviation will be included on the summary report that is provided to the IRB 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 IRB 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 on the REF.
    - 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; if necessary to meet this deadline, the initial report may be via phone or in person, to be followed by the written report as soon as possible. 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 determine the deviation to be 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 IRB 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.

Appropriate reports may be filed with outside agencies depending on the final determination of a protocol deviation, if it falls into the reporting categories outlined in section XVI of this P&P, or if it is suspended or terminated as a result of the deviation.