



Human Research Protection Program

Plan

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1. Scope

Throughout this document “Organization” refers to Tufts University and Tufts Medical Center.

2. Purpose

This Organization is committed to protecting the rights and welfare of subjects in Human Research. The purpose of this plan is to describe this Organization’s plan to comply with ethical and legal requirements for the conduct and oversight of Human Research.

This Organization’s Human Research Protection Program is a comprehensive system to ensure the protection of the rights and welfare of subjects in Human Research. The Human Research Protection Program is based on all individuals in this Organization along with key individuals and committees fulfilling their roles and responsibilities described in this plan.

3. Definitions

3.1 Agent

An individual who is an employee, student, or trainee is considered an agent of Tufts Medical Center and/or Tufts University (the institutions) for purposes of engagement in Human Research when that individual is on-duty in any capacity as an employee, student, or trainee of this Institution.

An individual who is not an employee, student, or trainee is considered an agent of the institutions for purposes of engagement in Human Research when that individual has been specifically authorized to conduct Human Research on behalf of the institutions. These individuals are considered co-investigators/study staff and must be appropriately credentialed by either Tufts Medical Center and/or Tufts University to perform the research-related responsibilities delegated to them by the Principal Investigator. In some cases, these individuals are also acting as employees, students, or trainees of their own institution, so in addition, must obtain IRB approval at their institution’s IRB.

3.2 Clinical Trial

A biomedical research study of human subjects designed to answer specific questions about therapeutic interventions (drugs, treatments, devices, or new ways of using known drugs, treatments, or devices). Clinical trials are used to determine whether new therapeutic interventions are safe and effective.

3.3 Engaged in Human Research

In general, this Organization is considered engaged in Human Research when this Organization’s employees or agents for the purposes of the Human Research obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about the subjects of the research; or (3) the informed consent of human subjects for the research. This Organization follows OHRP guidance on

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“Engagement of Institutions in Research”¹ to apply this definition and exceptions to this definition.

3.4 Human Research:

Any activity that either:

- Is “Research” as defined by DHHS and involves “Human Subjects” as defined by DHHS (“DHHS Human Research”); or
- Is “Research” as defined by FDA and involves “Human Subjects” as defined by FDA (“FDA Human Research”).

3.5 Human Subject as Defined by DHHS

A living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through Intervention or Interaction with the individual, or (2) information that is both Private Information and Identifiable Information. For the purpose of this definition:

- **Intervention** means physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject’s environment that are performed for research purposes.
- **Interaction** means communication or interpersonal contact between investigator and subject.
- **Private Information** means information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).
- **Identifiable Information** means information that is individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information).

3.6 Human Subject as Defined by FDA

An individual who is or becomes a subject in research, either as a recipient of the test article or as a control. A subject may be either a healthy human or a patient. A human subject includes an individual on whose specimen (identified or unidentified) a medical device is used.

3.7 Investigator

The person responsible for the conduct of the Human Research at one or more sites. If the Human Research is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the Principal Investigator.

¹ <http://www.hhs.gov/ohrp/policy/engage08.html>

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3.8 Research as Defined by DHHS

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.²

3.9 Research as Defined by FDA

Any experiment that involves a test article and one or more human subjects, and that meets any one of the following:

- Must meet the requirements for prior submission to the Food and Drug Administration under section 505(i) of the Federal Food, Drug, and Cosmetic Act meaning any use of a drug other than the use of an approved drug in the course of medical practice;
- Must meet the requirements for prior submission to the Food and Drug Administration under section 520(g) of the Federal Food, Drug, and Cosmetic Act meaning any activity that evaluates the safety or effectiveness of a device; OR
- Any activity the results of which are intended to be later submitted to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit.

4. Mission

The mission of this Organization’s Human Research protection program plan is to protect the rights and welfare of subjects involved in Human Research that is overseen by this Organization.

4.1 Ethical Requirements

In the oversight of all Human Research, this Organization (including its investigators, research staff, students involved with the conduct of Human Research, the Organization’s institutional review boards (IRBs), IRB members and chairs, IRB staff, the Organizational official, and employees) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled “Ethical Principles and Guidelines for the Protection of Human Subjects of Research,” also known as “The Belmont Report”:

- Respect for Persons
- Beneficence
- Justice

4.2 Legal Requirements

This Organization commits to apply its ethical standards to all Human Research regardless of funding.

² For research conducted within the Bureau of Prisons: Implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research.

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All Human Research must undergo review by one of the organizationally designated IRBs. Activities that do not meet the definition of Human Research do not require review and approval by one of the Organization’s IRBs. Submission to one of the Organization’s IRBs or designee is required to obtain official determination of Human Research engagement.

When this Organization is engaged in DHHS Human Research that is conducted, funded, or otherwise subject to regulations by a federal department or agency who is a signatory of the Common Rule, the Organization commits to apply the regulations of that agency relevant to the protection of Human Subjects.

When this Organization is engaged in FDA Human Research, this Organization commits to apply the FDA regulations relevant to the protection of Human Subjects.

Any questions about whether an activity meets the regulatory definitions of Human Research should be referred to the IRB Office who will provide a determination.

4.3 Other Requirements

When reviewing community based research, the IRB obtains consultation or training, as necessary.

All policies and procedures are applied identically to all research regardless of whether the research is conducted domestically or in another country, including:

- Confirming the qualifications of investigators for conducting the research
- Conducting initial review, continuing review, and review of modifications to previously approved research
- Post-approval monitoring
- Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others
- Consent process and other language issues
- Ensuring all necessary approvals are met
- Coordination and communication with local IRBs

For clinical trials, the IRB follows the International Conference on Harmonisation Guidelines for Good Clinical Practice (ICH GCP) to the extent those guidelines reflect the regulations and guidance set forth by the FDA regulations. Where the ICH GCP guidelines include recommendations or requirements that go beyond those set forth under the FDA regulations, the IRB may or may not choose to institute those additional recommendations or requirements.

This Organization prohibits payments to professionals in exchange for referrals of potential subjects (“finder’s fees”) and payments designed to accelerate recruitment that were tied to the rate or timing of enrollment (“bonus payments.”)

When Human Research is conducted or funded by the Department of Justice (DOJ), this Organization commits to apply 28 CFR §22. When Human Research is conducted with the federal Bureau of Prisons (DOJ), the Organization commits to comply with 28 CFR §512.

When Human Research is conducted or funded by the Department of Defense (DOD), this Organization commits to apply the Department of Defense (DOD) Directive 3216.02, which

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includes the requirement to apply 45 CFR §46 Subparts B, C, and D³. This Organization will comply with the terms of the DFARS clause or comparable language used in the agreement with the Department of Defense (DOD) Component supporting the research involving human subjects.

When Human Research is conducted or funded by the Department of Education (ED), this Organization commits to applying 34 CFR §97 Subpart D (equivalent to 45 CFR §46 Subpart D), 34 CFR §98.3, 34 CFR §98.4, 34 CFR §356.3, and 34 CFR §99.

When Human Research is conducted or funded by the Department of Energy (DOE), this Organization commits to applying the Department of Energy (DOE) O 443.1A and to use “Checklist for IRBs to Use in Verifying That HS Research Protocols Are in Compliance with the Department of Energy (DOE) Requirements.”

When Human Research is conducted or funded by, or when the results of research are intended to be submitted to or held for inspection by the Environmental Protection Agency (EPA), this Organization commits to applying 40 CFR §26, which includes the requirement to apply 45 CFR §46 Subparts B and D.

4.4 Sponsored Human Research

For both sponsored and non-sponsored Human Research this Organization abides by its ethical principles, regulatory requirements and its policies and procedures.

IRB Members should not communicate directly with a study sponsor. Questions for the study sponsor should be conveyed to the PI and/or research team. At the PI’s discretion, the PI could contact the sponsor with the IRB reviewer present (e.g., via a conference call).

4.5 Scope of Human Research Protection Program

The categories of Human Research overseen include:

- International research
- Research conducted or funded by the Department of Defense (DOD)
- Research conducted or funded by the Department of Justice (DOJ)
- Research conducted or funded by the Department of Education (ED)
- Research conducted or funded by the Department of Energy (DOE)
- Research conducted, funded, or subject to oversight by the Environmental Protection Agency (EPA)
- Federally funded research
- Research involving fetuses.
- Research involving *in vitro* fertilization.

³ Quick applicability table for DHHS Subparts:

	DHHS	DOD	ED	EPA
Subpart B	X	X		X
Subpart C	X	X		
Subpart D	X	X	X	X

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- FDA-regulated research.

The categories of Human Research not overseen include:

- Research conducted or funded by the Veteran Administration (VA)

4.6 Human Research Protection Program Policies and Procedures

Policies and procedures for the Human Research Protection Program are available on the following Web sites:

<http://www.tufts.edu/central/research/IRB/index.htm>

<http://viceprovost.tufts.edu/HSCIRB/>

5. Human Research Protection Program Components

Institutional Review Boards – The two committees of the Tufts Health Sciences IRB are registered with DHHS/OHRP and FDA. The composition and authority of these committees is established by the DHHS’ code of federal regulations, 45 CFR 46. The registrations are updated and submitted to OHRP when the IRB composition or Tufts Medical Center/Tufts University leadership changes. The Tufts Health Sciences IRB is organized under the Tufts MC Office of Research Administration and the Tufts University Office of the Vice Provost. The Tufts Health Sciences IRB and the Tufts SBER IRB (FWA00002063) have a reciprocal arrangement that allows each IRB to review protocols on behalf of the other.

The IRBs are responsible for reviewing research involving human subjects at the institutions and their affiliates, to ensure that subjects’ safety, rights, and welfare are protected in conformity with applicable regulations and guidance issued by the DHHS and the FDA, and other federal agencies, as applicable. The IRB is also responsible for ensuring conformity with applicable Massachusetts state and local laws and regulations where such laws or regulations provide protection for human subjects that exceed the protection afforded under federal law. In addition, guidelines and requirements imposed by the Institutions that exceed federal, state or local laws are applicable. The IRB is allowed to grant approval, continuing approval, and modifications, as well as suspend or terminate studies. The IRB has the right to inspect and monitor research studies throughout their lifetime.

The Tufts Health Sciences office serves as a resource available to faculty, staff, and students conducting human subjects research at Tufts Medical Center and Tufts University. The IRB office staff members are available to provide guidance and assistance with protocol and informed consent form (ICF) development, research education and training, and information and direction on federal research-related regulations and guidance, state laws, and institutional policies. The IRB office staff can assist investigators with monitoring of research, preparation for site visits (e.g. sponsor, FDA), and orientation of new researchers to human subject protection matters.

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5.1 Tufts Health Sciences IRB

The Tufts Health Sciences IRB has two IRB committees, IRB-Red and IRB-Blue. Each IRB meets once a month. In general, each is constituted and equipped to review any type of research study involving human subjects. Expert content reviewers are consulted, as needed. The Tufts Health Sciences IRB membership is comprised of scientific and non-scientific persons, as well as community representatives, whose charge is to review research studies involving human subjects to ensure subject safety and welfare. Membership rosters will remain unpublished; however, the research community will know the identity of the IRB Chair and the IRB Vice-Chairs. At the request of the Principal Investigator (PI) or a member of a research team, *in lieu* of a membership roster, a letter attesting to the status of the FWAs and conformity with state law will be provided.

Holders of specific offices, such as Institutional Officials for Tufts Medical Center and Tufts University, are appointed as non-voting *ex-officio* IRB members. *Ex-officio* members are appointed in recognition of their expertise and mission as it relates to the institutions' HRPP. The person holding the following offices will be non-voting *ex-officio* members of the IRB:

- Tufts University Vice Provost for Research
- Tufts MC Vice-President of Research Administration

The Tufts Health Sciences IRB has primary jurisdiction over and serves Tufts Medical Center, the Floating Hospital for Children, New England Eye Center, Tufts University School of Medicine, Tufts University School of Dental Medicine, Cummings School of Veterinary Medicine, the Jean Mayer U.S. Department of Agriculture Human Nutrition Research Center on Aging at Tufts University, and the Friedman School of Nutrition.

5.2 Principal Investigators and Faculty Advisors (PIs)

Primary responsibility for protecting the rights and welfare of human subjects participating in research rests with the PI. PIs may not commence human subjects research prior to obtaining IRB approval and, as appropriate, other institutional approval for their research activities. For each research activity submitted to the Tufts Health Sciences IRB for approval, the PI must certify that s/he accepts responsibility for assuring adherence to applicable federal and state research regulations and institutional policies relative to the protection of the rights and welfare of subjects enrolled in the research. PIs must be qualified by training and experience to conduct the research and must be in compliance with their respective institution's Conflicts of Interest Policy.

PIs may delegate responsibilities to appropriately qualified co-investigators and research staff. However, co-investigators and research staff must be qualified by training and experience to perform these responsibilities. Additionally, co-investigators and research staff must be in compliance with their respective institution's Conflicts of Interest Policy, if applicable. The PI remains responsible for the conduct of all persons to whom s/he delegates tasks.

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All investigators and research staff must complete the Collaborative IRB Training Initiative (CITI) program or an equivalent program accepted by the Tufts Health Science IRB in order to participate in the conduct of human research and must complete the continuing education requirements every four years.

5.3 Other Research Team Members

Every member of the research team is responsible for protecting human subjects. Co-Investigators, study coordinators, nurses, research assistants, faculty advisors, students, and all other research staff have an obligation to comply with all IRB determinations and procedures and to adhere rigorously to all protocol requirements. Research team members are also responsible for informing the PI of adverse events, unanticipated problems, and [reportable new information](#). Within the scope of their study responsibilities, research team members must ensure the adequacy of the informed consent process and take other necessary measures to ensure adequate protection for study participants.

5.4 Department Chairs/Chiefs and School Deans

School Deans and Department Chairs/Chiefs have the responsibility to oversee the review and conduct of Human Research in their department or school. This includes ensuring that investigators conducting human subject research are qualified by training and experience to conduct the proposed research, and confirming that each human research study conducted in their department or school has adequate resources and facilities. School Deans and Department Chairs/Chiefs are also responsible for forwarding complaints and allegations regarding the Human Research Protection Program to their Institutional Official.

5.5 Research Participants

Massachusetts has a patient rights law, which states that a person has the right to refuse to serve as a research subject and to refuse care or examination when the primary purpose is educational or informational rather than therapeutic [M.G.L. ch.111 70E(i)]. This law is generally consistent with federal requirements for informed consent or assent to research.

Information about being a participant in a research study and the rights of every individual asked to participate in a research study, along with contact information for Tufts IRB staff, is available on the Tufts Health Sciences IRB website. The Tufts Health Sciences IRB ICF templates provide the respective telephone number for individuals to call if they wish to speak to someone other than the investigator about their rights as a research subject, their concerns about the research, or a complaint about the research. Participants are encouraged to call if they feel they are being pressured to enroll in the research or, once enrolled, to continue with the research.

Tufts HRPP will periodically evaluate the organization’s outreach activities to research participants and make changes when appropriate. Such evaluations will be informed by the Tufts Clinical and Translational Science Institute, the Tufts Medical Center Patient and Families Advisory Council, and others as appropriate.

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5.6 Tufts Health Sciences Scientific Review Committees

Both the Tufts Health Sciences Scientific Review Committee and the Neely Center for Clinical Cancer Research Scientific Review Committee (SRC) were established to reinforce the institutional mission of promoting research excellence. The SRCs review selected clinical research proposals to ensure that they meet an acceptable standard of scientific rigor and merit prior to IRB review. The IRB and/or the Institutional Officials may, at their discretion, forward any protocol to the appropriate SRC at any point during the IRB review process.

The SRCs will routinely review new intervention protocols submitted for convened IRB review except the following:

- Research approved for federal funding (DoD, DoE, DoJ, EPA, HHS, AHRQ, CDC, FDA, NIH, etc.)
- Research approved for corporation/foundation/organization/association funding utilizing an adequate peer review mechanism
- Research that qualifies for expedited IRB review
- Research that qualifies for exemption from IRB review

6. Conflict of Interest

6.1 Tufts MC COI in Research Committee

As an institution dedicated to excellence in patient care research and training, Tufts Medical Center, Inc. (“Tufts MC”) places a high value on research integrity and academic freedom. Objectivity in the conduct of research, the freedom to disseminate ideas through publication of research results, the protection of the rights and interests of research subjects, maintenance of public trust, and the ability to ensure that the conduct of research at Tufts MC is not compromised are critical to these institutional values. In the context of conducting research, the primary interest of a researcher should be the objective conduct of the research. It is necessary to acknowledge and to avoid or manage situations where a secondary interest could reasonably be expected by others to influence decision-making. Review of disclosed significant financial interests is the responsibility of the Conflict of Interest in Research Committee (COIC) made up of The Vice President of Research Administration and the Chief Scientific Officer or their designees with other members as assigned by the Office of General Counsel. Based on the information provided to the COIC, the COIC may recommend the conflict be eliminated, may decline to allow the research to take place, or may recommend a management plan. Operationalizing and enforcing the COI policy and providing oversight of management plans is the responsibility of the COIC. IRB approval will not be granted until the conflict of interest oversight or management plan has been set up and approved by the COIC. Tufts MC may prohibit research that involves a conflict of interest even if the IRB approves the research.

6.2 Tufts University Committee on Conflicts of Interest in Research –

The Committee on Conflicts of Interest in Research (CCIR) and the institutional conflict of interest policy promote objectivity in research by establishing standards that provide a

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reasonable expectation that the design, conduct, and reporting of research funded under federal grants or cooperative agreements will be free from bias resulting from Investigator financial conflicts of interest. The CCIR’s oversight applies to all Tufts University faculty members and other individuals — such as medical staff, researchers, students, postdoctoral fellows and visiting researchers — who are responsible for the design, conduct or reporting of research at Tufts on federally funded grants and cooperative agreements, including proposals. The CCIR and its Chair are responsible for the implementation of the Research Conflict of Interest policy at Tufts University, including review of conflicts and oversight of any management plans. It is Tufts’ policy to apply Public Health Service (PHS) standards to all sponsors, except where there are specific PHS requirements that cannot be applied to a non-PHS sponsor. The IRB must review and approve the conflict of interest oversight or management plan proposed by the CCIR. Tufts University may prohibit research that involves a conflict of interest even if the IRB approves the research.

7. Research Administration

7.1 Tufts Medical Center Research Administration

The Office of Research Administration (RA) is responsible for pre-award and post-award administration of grants and contracts at Tufts Medical Center. The office strives to provide high-quality services to research community and to increase the funding available to support research. It also helps to assure that the Medical Center is in compliance with all federal, state and local laws and regulations. RA also maintains responsibilities for development and implementation of policies and procedures related to research activity at the Medical Center. Grants and contracts administrators within RA address the protection of research participants by including in their standard contract templates a provision that the sponsor acknowledges and understands that the Tufts HRPP standards are applicable to all human participant research at Tufts Medical Center.

7.2 Tufts University Office of Research Administration

The Office of Research Administration (ORA) is responsible for pre-award and non-fiscal post-award administration of grants and contracts at Tufts University. ORA works with other administrative offices to create an environment that encourages and facilitates research. The office strives to provide high-quality services to the faculty and to increase the funding available to support research, while protecting the university’s interests. It also helps to assure that Tufts is in compliance with all federal and state laws and regulations. The university encourages extramural support of research and other scholarly activities, which contribute to its overall academic mission. The acceptance of external funding, whether restricted or unrestricted, imposes certain legal obligations on the university with regard to use, management and accountability of those funds. ORA works with members of the faculty and other administrative offices to assure that these obligations are met.

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7.3 Legal Counsel

Tufts Medical Center Legal Counsel and the Office of University Counsel at Tufts University have the responsibility to provide advice upon request to the Institutional Officials, IRBs, and other individuals involved with the Human Research Protection Program, to determine whether someone is acting as an agent of the Organization, to determine who meets the definition of “legally authorized representative” and “children” when human research is conducted in jurisdictions not covered by institutional policies and procedures, and to resolve conflicts among applicable laws.

7.4 Investigational Drug Service

The Investigational Drug Service (IDS) manages specific activities related to the use of drugs used in clinical trials at Tufts Medical Center. By special arrangement, IDS may also manage the use of drugs for research-related activities at the Tufts University Human Nutrition Center for Research on Aging and Tufts University School of Dental Medicine. At a minimum, these activities include drug dispensing, drug storage, drug accountability recording, drug inventory maintenance, drug ordering, and audit preparation. The IDS may also take part in randomizing subjects when the investigators and study personnel are blinded. All of these functions will be guided by parameters that ensure adherence to FDA Good Clinical Practice Standards, JCAHO standards, Tufts Medical Center policies; and State and Federal legal requirements. All drugs, including drugs used in research involving human subjects, that are administered to patients at Tufts Medical Center must be identified by, stored in, and dispensed from the Department of Pharmacy. Likewise, all drugs used in human research at Tufts Medical Center must have been approved for their intended research use by the IRB prior to their administration to the research subject.

7.5 Institutional Biosafety Committee

Tufts University and Tufts Medical Center’s Institutional Biosafety Committees (IBC) were established to provide local review and oversight of research involving recombinant or synthetic nucleic acid molecules under the NIH guidelines. Tufts voluntarily added regulation of infectious agents, select agents, and biological toxins research to the jurisdiction of the committee. The two IBCs are responsible for ensuring that all recombinant DNA research performed at, or sponsored by, Tufts University or Tufts Medical Center is conducted in compliance with the NIH guidelines and with proper concern for the safety of research personnel, the environment, and the surrounding communities. The Committees provide independent assessment of the containment levels required by the NIH Guidelines, and of the facilities, procedures, practices, and training and expertise of the personnel involved in recombinant or synthetic nucleic acid/infectious agent research. Principal Investigators, under the oversight of the IBC are to appropriately address all relevant aspects of the NIH Guidelines to ensure that no research participant is enrolled in a human gene transfer experiment until the Recombinant DNA Advisory Committee (RAC) review process has been completed, Institutional Review Board approval has been obtained, and all applicable regulatory authorizations have been obtained. Any significant problems with, or violations of, the NIH Guidelines and any significant research-related accidents or illnesses are reported to the appropriate Institutional Official and NIH/OBA.

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7.6 Radiation Safety Officer and Committee

When subjects will be exposed to ionizing radiation for research-related purposes only, the institutional Radiation Safety Officer's review and approval of the ionizing radiation exposure(s) will be required before final IRB approval may be granted. The Radiation Safety Officer typically suggests appropriate language describing the radiation exposure for the ICF. It is expected that the investigator will include this language in the ICF.

7.7 The Office for Technology Transfer and Industry Collaboration

The Office for Technology Transfer and Industry Collaboration (TTIC) is responsible for facilitating the transfer of Tufts technology for public use and benefit. TTIC evaluates, obtains proprietary protection for, and assists in the distribution of technology for research and commercial purposes. TTIC is responsible for transferring technology for commercial development by identifying potential markets and negotiating license agreements with industry partners, be they large or start-up companies. The office strives to catalyze the transfer of Tufts technologies for global public benefit. It helps to protect Tufts innovations to enhance their value in the marketplace while promoting new ventures through start-up creation. Further, TTIC provides resources to the Tufts community on matters relating to intellectual property protection, technology transfer, and entrepreneurship, and fosters innovation by generating an income stream that supports research at Tufts.

7.8 Executive Committee

An Executive Committee, comprising the Institutional Officials, the IRB Chair and Vice-Chairs, the Director of IRB Operations, and the IRB Analysts, serves as a forum for discussion of issues relating to the operations of the IRB. This committee functions as a steering committee to address policy and procedural matters related to the operations of the IRB. The EC should meet at least monthly to provide a forum for discussion of issues relating to the functioning of the IRB; however, the EC will only meet when there are issues that require discussion. The IRB Chair, in consultation with the Institutional Officials and the Director of IRB Operations, will determine the meeting schedule. The EC is composed of the Institutional Officials, the IRB Chair, the IRB Vice-Chair(s), the Director of IRB Operations, and the IRB Analysts.

The IRB Chair is also the EC Chair. In the event that legal advice is required, internal and external legal advisors will be available as a resource to the EC. The EC Chair or designee will present information regarding research non-compliance, suspensions, or terminations to the EC in conformity with the research non-compliance policy appended to this manual. Meeting agenda and materials are typically distributed to the members electronically in advance of the meeting. The Director of IRB Operations may create a summary of the determinations made by the EC for internal reference; however, formal meeting minutes will not be produced. Access to the summary will be limited to the Institutional Officials and the Chair.

The EC is responsible for the development and implementation of policies, guidance, and forms for the effective operation of the IRB. The Director of IRB Operations or designee is

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responsible for overseeing the design of forms. The EC functions in an advisory capacity and typically acts by consensus, not by vote. In the event that a consensus or compromise agreement cannot be achieved, the Institutional Officials will make the final determination.

7.9 Tufts MC and Tufts University Institutional Officials

Tufts MC has designated the Vice President, Research Administration, as the Institutional Official who oversees the activities of the IRB under the Tufts MC FWA 00004449. Tufts University has designated the Vice Provost for Research as the Institutional Official who oversees the activities of the IRB under Tufts University Health Sciences FWA 00004517. The IORG number is a unique number assigned by OHRP to the institution the first time the institution registered an IRB. The IRBs operate under IORG0000435 [IRB # 00000577 #1 (Red), IRB # 00001236 #2 (Blue)]. Each Institutional Official will be responsible for implementing his/her institution's FWA so that all human subject research will be guided by the ethical principles of the Belmont Report, in accordance with the relevant regulatory requirements of 45 CFR 46 and with the human subject regulations or policies of any other relevant federal, state, or local Department or Agency.

The Institutional Official has the authority to take the following actions or delegate these authorities to a designee:

- Create the Human Research Protection Program budget.
- Allocate resources within the Human Research Protection Program budget.
- Appoint and remove IRB members and IRB chairs.
- Hire and fire research review staff.
- Determine what IRBs the Organization will rely upon.
- Approve and rescind authorization agreements for IRBs.
- Place limitations or conditions on an investigator's or research staff's privilege to conduct Human Research.
- Create policies and procedures related to the Human Research Protection Program that are binding on the Organization.
- Suspend or terminate research approved by one of the Organization's IRBs.
- Disapprove research approved by one of the Organization's IRBs.

The Institutional Official has the responsibility to:

- Oversee the review and conduct of Human Research under the jurisdiction of the Human Research Protection Program.
- Periodically review this plan to assess whether it is providing the desired results and recommend amendments as needed.
- Establish policies and procedures designed to increase the likelihood that Human Research will be conducted in accordance with ethical and legal requirement.
- Institute regular, effective, educational and training programs for all individuals involved with the Human Research Protection Program.

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- Ensure that the research review process is independent and free of coercion or undue influence, and ensure that officials of the Organization cannot approve research that has not been approved by one of the IRBs designated by the Organization.
- Implement a process to receive and act on complaints and allegations regarding the Human Research Protection Program.
- Implement an auditing program to monitor compliance and improve compliance in identified problem areas.
- Investigate and remediate identified systemic problem areas, and where necessary removal of individuals from involvement in the Human Research protection program.
- Ensure that the Human Research Protection Program has sufficient resources, including IRBs appropriate for the volume and types of Human Research to be reviewed, so that reviews are accomplished in a thorough and timely manner.
- Review and sign federal assurances (FWA) and addenda.
- Fulfill educational requirements mandated by OHRP.

7.10 Compliance and Audit

7.10.1 Tufts MC Internal Audit and Corporate Compliance

Tufts Medical Center, Floating Hospital for Children, and Tufts Medical Center’s Physicians Organization (Tufts MC) have established a Joint Compliance Program to ensure that all employees conduct operations and provide services consistent with the vision, values and mission of the organization and in compliance with federal, state and other laws and regulations. This program has been developed to educate staff on an ongoing basis, prevent any violations of law from occurring, provide for a confidential means of reporting any suspected violations and is designed to minimize the impact, exposure or liability sustained should any violations occur. The Joint Compliance Steering Committee has representation from management and the physician community. It assists the Compliance Officer to effectively oversee compliance in the institution and resolve complex or reported issues, when necessary. The Human Resources Department and Legal Department are also available to assist with staff concerns and questions regarding compliance with the law.

The Compliance Program consists of the following elements:

- Code of Conduct and related policies
- Compliance Office, Chief Compliance Officer and the Joint Compliance Steering Committee
- Education and Training
- Monitoring and Auditing
- Reporting processes and procedures for complaints – Hotline and “written”
- Enforcement and discipline including background checks to eliminate sanctioned individuals and contractors
- Response, investigation, and remediation of systemic problems

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The Internal Audit and Corporate Compliance Office, headed by the Chief Compliance Officer, oversees the Program, performs audits of the Tufts Health Sciences IRB and performs audits of human subjects research conducted on behalf of Tufts MC.

7.10.2 Tufts University Audit and Management Advisory Services

Tufts University Audit and Management Advisory Services (AMAS) serves as an independent and objective internal resource to examine and evaluate the University’s activities as an assurance service to the Board of Trustees and management. To maintain independence and objectivity, AMAS has no direct operating responsibility for or authority over management processes, activities or operations that are reviewed. AMAS reports to the Audit Committee of the Board of Trustees and to the Executive Vice President.

AMAS is authorized by the Board of Trustees and senior management to conduct audits in accordance with the Annual Audit Plan approved by the Trustee Audit Committee, which includes planned audits of the Tufts Health Sciences IRB, and audits of any human subjects research conducted on behalf of Tufts University. While most work is based on an annual risk-based audit plan, AMAS is available as an in-house consultant on internal control matters and to provide guidance on control aspects of new systems and procedures. AMAS has full and unrestricted access to all University activities, documents, records, systems, facilities and personnel as necessary to fulfill its objectives. Information obtained is maintained with appropriate confidentiality.

7.11 Tufts Clinical and Translational Science Institute

Tufts Clinical and Translational Science Institute (CTSI) was established in August 2008 as part of a national consortium with the goal of transforming how clinical and translational research is conducted throughout the country. Their mission is to identify, stimulate, and expedite innovative clinical and translational research, with the goal of improving the public’s health. The CTSI leadership team is comprised of world-renowned experts in clinical research, comparative effectiveness research, community engagement, and research collaboration. The CTSI works closely with 39 partner institutions, including all of the schools of Tufts University, its affiliated hospitals across Massachusetts and Maine, participating universities, community organizations, and non-profit and for-profit organizations.

Tufts CTSI offers a variety of resources and services to assist investigators with generating groundbreaking and significant research, including:

- Connections to researchers for collaboration
- Clinical trial assistance and laboratory research support
- Research design and analysis
- Education and career development
- Community engagement and comparative effectiveness assistance
- Quality Improvement in Practice and Research
- Funding opportunities for pilot studies.

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7.12 IRBs

The list of IRBs designated by the Organization Official to be the IRBs relied upon by the Human Research Protection Program and the scope of review of these IRBs is listed in the IRB rosters available from the IRB Office. This Organization may rely upon IRBs of another organization, and this is decided on a case-by-case basis taking into account the following:

- This Organization’s investigator is a collaborator on Human Research that is primarily conducted at another organization and the investigator’s role does not include interaction or intervention with subjects.
- The Organization is engaged in the Human Research solely because it is receiving federal funds. (Employees and agents of the institution do not interact or intervene with subjects, gather or possess private identifiable information about subjects, nor obtain the consent of subjects.)

Reliance on an external IRB requires an IRB Authorization Agreement (IAA) for IRB review and a local review for compliance with local policies of the organization.

The IRBs relied upon by this Organization have the authority to do the following, in accordance with the agreement:

- Approve, require modifications to secure approval, and/or disapprove all Human Research overseen and conducted by the Organization. All Human Research must be approved by one of the IRBs designated by the Organizational Official. Officials of this Organization may not approve Human Research that has not been approved by one of the Organization’s IRBs.
- Suspend or terminate approval of Human Research not being conducted in accordance with an IRBs’ requirements or that has been associated with unexpected serious harm to subjects.
- Observe, or have a third party observe, the consent process and the conduct of the Human Research.
- Determine whether an activity is Human Research.
- Evaluate financial interests of investigators and research staff and have the final authority to decide whether the financial interest and management plan, if any, allow the Human Research to be approved.

IRB members and IRB staff have the responsibility to follow Human Research Protection Program policies and procedures that apply to IRB members and staff.

7.12.1 Evaluation of IRBs the Organization Cedes Review To

In general, the IRB does not cede oversight unless it is to an Accreditation of Human Research Protection Programs (AAHRPP) accredited institution such as Western IRB (WIRB) or National Cancer Institute (NCI) Central IRB (CIRB).

In rare circumstances, the Organization may rely upon the IRB of another organization that maintains an Office of Human Research Protections (OHRP) federal wide assurance (FWA). This is provided an IRB Authorization Agreement (IAA) is in place and the IRB will maintain

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and comply with institutional policies and standard operating procedures (SOPs) that are consistent with national standards for human research protection programs. National standards are met when an organization is AAHRPP accredited, an assessment has been done of the quality of its' human research protection program through OHRP's Quality Assessment Program, or another equivalent approach.

The agreement between the organizations must describe how responsibilities are divided between the two parties to the agreement (such as how non-compliances are handled, required human subjects education, and reporting of adverse events).

When the Organization relies on the IRB of another organization, a memorandum of understanding (MOU) or agreement will be developed that describes how responsibilities are divided between the organization and vendor (e.g. non-compliance, education, and reporting).

7.12.2 Western IRB

Studies conducted at Tufts Medical Center (Tufts MC) / Tufts University Health Sciences (TUHS) that meet the following criteria are eligible for submission to WIRB:

1. Industry sponsored or non-federally funded foundation sponsored
2. Multi-Center
3. Sponsor initiated (Sponsor initiated is defined as *sponsor* created, designed, and developed)
4. If the study involves research on an FDA regulated test article, it meets one of the following criteria:
 - a. Drugs, Biologics, Substances: Study is in Phase II, III or IV (Phase I studies are NOT eligible)
 - b. Devices: Study is in pivotal, post-marketing, or equivalent, phase (Pilot or first-in-man studies are NOT eligible)

A PI may choose to submit a study that meets these criteria to **either** the Tufts MC/TUHS IRB or WIRB, but not both. If the study has previously been reviewed by the Tufts MC/TUHS IRB, then it is not eligible for submission to WIRB. The institutions, Tufts MC and Tufts University, cannot approve any research study that has been disapproved by WIRB. WIRB review would be performed in place of the Tufts MC/TUHS IRB review. There is no obligation to use WIRB.

7.12.3 National Cancer Institute (NCI) Central IRB (CIRB)

Tufts Medical Center and the Floating Hospital for Children participate in the independent (pilot) model of the National Cancer Institute (NCI) Central Institutional Review Board (CIRB) Initiative. Under this model, the Adult and Pediatric CIRBs are the IRBs of record for certain adult and pediatric national multi-center cooperative oncology group cancer treatment trials.

Tufts University and Tufts Medical Center allow reliance on other external IRBs on a case-by-case basis.

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7.12.4 IRB Administrative Fee

Administrative fees may be charged to any industry-sponsored human research study to offset the costs of maintaining the IRB office. Institutional leadership will determine the fee.

At Tufts Medical Center, the invoice and collection of said fee is the responsibility of the Office of Research Administration. Tufts University may also apply a fee to such research studies; however, the application and collection of such a fee is the responsibility of the each academic school.

There is also an institutional fee for studies reviewed by WIRB, in addition to WIRB’s fee schedule. There is no fee for federal/foundation funded studies.

Contact Tufts Medical Center Office of Research Administration or Tufts University Office of the Vice Provost for more information about IRB administrative fees.

7.13 Investigators and Research Staff

Investigators and research staff have the responsibility to:

- Follow the Human Research Protection Program requirements described in the INVESTIGATOR MANUAL (HRP-103).
- Comply with all determinations and additional requirements of the IRB, the IRB chair, and the Organizational Official.

7.14 Legal Counsel

Legal Counsel has the responsibility to:

- Provide advice upon request to the Organizational Official, IRB, and other individuals involved with the Human Research Protection Program.
- Determine whether someone is acting as an agent of the Organization.
- Determine who meets the definition of “legally authorized representative” and “children” when Human Research is conducted in jurisdictions not covered by policies and procedures.
- Resolve conflicts among applicable laws.

7.15 Deans/Department Chairs/Chiefs

Deans, Department Chairs and Chiefs have the responsibility to:

- Oversee the review and conduct of Human Research in their department or school.
- Forward complaints and allegations regarding the Human Research Protection Program to the Organizational Official.
- Ensure that each Human Research study conducted in their department or school has adequate resources.

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7.16 Research Administration, Tufts Medical Center; Research Administration, Office of the Vice-Provost for Research, Tufts University

The Research Administration, Tufts Medical Center; Research Administration, Office of the Vice-Provost for Research, Tufts University has the responsibility to review contracts and funding agreements for compliance with Human Research Protection Program policies and procedures.

8. Education and Training

IRB members, IRB staff, and others involved in the review of Human Research must complete initial and continuing CITI education training.

Investigators and research staff must complete the initial and continuing CITI education training described in the INVESTIGATOR MANUAL (HRP-103).

9. Questions and Additional Information for the IRB

The IRB Office wants your questions, information, and feedback.

Contact and location information for the IRB Office is:

Tufts Health Sciences Institutional Review Board
 800 Washington Street
 Box 817
 Boston, MA 02111
 (617) 636-7512
 IRBOffice@tuftsmedicalcenter.org

10. Reporting and Management of Concerns

Questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program may be reported orally or in writing. Employees are permitted to report concerns on an anonymous basis. Concerns may be reported to the IRB Chair, IRB Office, Organizational Official, Legal Counsel, Deans, or Department Chairs.

The IRB has the responsibility to investigate allegations and findings of non-compliance and take corrective actions as needed. The Organizational Official has the responsibility to investigate all other reports and take corrective actions as needed.

Employees who report in good faith possible compliance issues should not be subjected to retaliation or harassment as a result of the reporting. Concerns about possible retaliation should be immediately reported to the Organizational Official or designee.

To make such reports, contact:

Julie Morelli
 Director of IRB Operations
 Tufts Health Sciences IRB Office
 800 Washington Street
 Box 817



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11. Monitoring and Auditing

In order to monitor and ensure compliance, internal or external auditors who have expertise in federal and state statutes, regulations and organizational requirements will conduct periodic audits. Audits will focus on areas of concern that have been identified by any entity, i.e., federal, state or institutional. Random audits may also be conducted.

12. Disciplinary Actions

The Organizational Official may place limitations or conditions on an investigator’s or research staff’s privilege to conduct Human Research whenever in the opinion of the Organizational Official such actions are required to maintain the Human Research Protection Program.

13. Approval and Revisions to the Plan

This Human Research Protection Program Plan is to be approved by the Chief Executive Officer. This plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The Organizational Official has the responsibility to review this plan to assess whether it is providing the desired results. At the request of the Organizational Official the Chief Executive Officer, Tufts Medical Center and the President, Tufts University have the authority to amend this plan as deemed necessary.