PSG INSTITUTE OF MEDICAL SCIENCES & RESEARCH
COIMBATORE 641 004, INDIA

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Standard Operating Procedures Version 2.3

(Effective from August 02, 2011)

1.0 Jurisdiction

The Institutional Human Ethics Committee (IHEC) of PSG Institute of Medical Sciences & Research (PSG IMS & R) shall receive, review and approve (or otherwise) research proposals involving human study volunteers and monitor ALL research activities undertaken in the PSG IMS&R, PSG Hospitals and PSG Super-Specialty Hospitals. The following institutions have vested the IHEC of PSG IMS&R the responsibility to receive, review and approve (or otherwise) ALL research proposals and monitor research activities involving human study volunteers:

- PSG College of Nursing;
- PSG College of Pharmacy;
- PSG College of Physiotherapy;
- PSG College of Arts & Science; and
- PSG College of Technology

This includes both intramural and extramural research by faculty and students.

2.0 Objectives

The IHEC is committed to follow all national and international ethical guidelines in biomedical research involving human study volunteers. The IHEC specifically intends to:

2.1 Ensure a competent **review of scientific and ethical aspects** of the project proposals received by it in an objective manner.

2.2 Provide input to the researchers on all aspects of welfare and safety of research participants, following review of the proposals.

3.0 All protocols MUST meet

PSG IMS&R scientific and ethical standards governing the conduct of research (e.g., acceptable risk-benefit relationship, equitable selection, informed consent, protections of privacy, maintenance of confidentiality, and protections for vulnerable populations).

4.0 Composition

Given below is the composition of the Institutional Human Ethics Committee (at least one member from each of the following disciplines).

4.1 Voting members

i. Chairman - Not affiliated with the Institution
ii. One clinician from the Institution
iii. One clinician not affiliated with the Institution
iv. One person from basic sciences
v. One lay person representing the Community
vi. One legal expert
vii. One person representing non-governmental voluntary agency
viii. One theologian
ix. One person from a non-scientific background (e.g., a Social Scientist)
x. One pharmacist
xi. Clinical pharmacologist(s)
xii. Member-Secretary

4.2 Non-voting members

4.2.1 Primary Reviewer / Members of the DCRB Core Group (Scientific Review Committee of IHEC)

The IHEC, PSG IMS&R has designated the Department of Clinical Research & Bioethics (DCRB), PSG IMS&R, as its Scientific Review Committee. In other words, the DCRB Core Group members shall be the Primary Reviewers of all study proposals submitted to the IHEC for ethical review. Therefore, the Primary Reviewers / members of the DCRB Core Group who review the applications will be permitted to be present in the IHEC Full Panel Review meetings when the relevant study/studies is/are being presented. Their presence in the IHEC shall be as non-voting members, unless they are members of the IHEC.

4.2.2 Institutional Assurance Obligator

If the Principal of the institution is not (or ceases to be) a Member of the IHEC, s/he shall attend all IHEC meetings as a non-voting member in her/his capacity as the “Institutional Assurance Obligator”, after signing a Non-Disclosure Agreement as other members.

4.2.3 Technical Advisor to the IHEC on Adverse Events Monitoring

The Chairman, IHEC shall appoint a "Technical Advisor to the IHEC on Adverse Events Monitoring" (TA-AEM) in consultation with the Principal, PSG IMS&R and Head, DCRB. The TA-AEM shall be a pharmacologist, and remain a non-voting member in the IHEC, unless s/he is made a member of the IHEC.

All members - voting and non-voting - shall attend the IHEC meetings only after signing a Non-Disclosure Agreement with the IHEC.

5.0 Selection of members

5.1 Chairperson

5.1.1 The Chairperson will be selected by the Head of the Institution. The Chairperson will not be affiliated with the institution. Due consideration to merit and awareness to research and ethical issues will be given during the selection of the candidate.

5.1.2 The term of office will be for a period of 36 months with provisions for renewal for another term with the permission of the Committee.

5.2 Member-Secretary

5.2.1 The Member-Secretary will be appointed by the Chairperson. The term of office will be for 36 months, with provisions for renewal for another term with the permission of the Committee.

5.3 Members

5.3.1 The members will be appointed by the Chairperson for a period of 36 months, with provision of renewal for another term.

5.3.2 A new member will be chosen if an incumbent leaves.

5.3.3 Membership will be revoked (i) a member abstains herself / himself from IHEC meetings for more than three consecutive times without intimating the IHEC secretariat (either in writing or over the phone); (ii) violates NDA (confidentiality); (iii) hides conflict of interest; (iv) resorts to professional misconduct.

5.3.4 All members of the IHEC will be encouraged to attend at least one training programme on ethics in research.

5.3.5 Scientific Review Committee (Primary Reviewer) of the IHEC

The Department of Clinical Research & Bioethics (DCRB) shall be the scientific review committee (SRC) of the IHEC, PSG IMS & R. The DCRB, in other words, shall be the Primary Reviewer of all applications submitted to the IHEC. **(Also see paragraph 10.1)**

6.0 Quorum for Review Meeting

6.1 The required number of members for quorum for IHEC Full Panel Meetings is six, of whom at least one will be from among those members not affiliated to the Institute.

In tune with the revised Schedule Y of Drugs & Cosmetics Act, 1940 (India), amended in 2005, the ethics committee approving **drug trials** should have in the quorum at least one representative from the following groups:

1. One basic medical scientist (preferably one pharmacologist).
2. One clinician
3. One legal expert or retired judge
4. One social scientist/ representative of non-governmental organization/ philosopher/ ethicist/ theologian or a similar person
5. One lay person from the community.

7.0 Authority under which IHEC is constituted

7.1 The Head of the Institute constitutes the IHEC and selects the Chairperson giving due consideration to merit and research expertise.

7.2 After this, the Committee will be vested with the rights to uphold its own autonomous function.

8.0 Responsibility

8.1 Responsibilities of IHEC

The IHEC ensures that the research protocols that are carried out at PSG Institute of Medical Sciences & Research:

8.1.1 Do not compromise the safety, rights and well-being of the volunteers participating in the research study

8.1.2 Are conducted under the supervision of investigators with the required experience / expertise

8.1.3 Include only volunteers with the due and valid process of informed consent being gone through and completed (i.e., Patient's informed consent is obtained before entering them in research proposals. Patients are informed of their rights to withdraw from the research at any stage and also of the consequences (if any), of such withdrawal. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the organization's services nor would it result in any penalty. Informed consent will be sought only from study volunteers or their legally authorized representatives. The information provided to study volunteers must:

8.1.3.1 Make clear that the activity involves research and describe the overall experience that is likely to be encountered;

8.1.3.2 Explain the procedures, including any parts that are experimental (e.g., a new drug, extra tests, separate research records or non-standard means of management, such as flipping a coin for random assignment or other design issues);

8.1.3.3 Include the expected length of time it will take for study visits or scheduled procedures, as well as, the total expected length of participation;

8.1.3.4 Assure that significant new findings developed during the course of research which may relate to the subject's willingness to continue participation will be provided to the study volunteer in writing; and

8.1.3.5 Assure that an account of the adverse events will be provided to the study volunteer in writing.

8.1.4 The PI must ensure that re-consent is taken from (re-contact is made with) study volunteers or their legally authorized guardians, if additional risks are identified during the course of the research.

8.1.5 Are sound in scientific design, and are conducted according to ICH-GCP guidelines and Schedule Y published by Central Drugs Standard Control Organization, Director General of Health Services, Ministry of Health and Family Welfare as well as local regulatory requirements.

8.1.6 Are reviewed within six weeks of submission (this may be extended if number of studies for review in the Full Panel of IHEC is too less, or in other words, until sufficient number of proposals are received for review).

8.1.7 Will be maintained confidentially and all the members will sign a confidentiality form.

8.1.8 The Committee will review all new research projects and also the ongoing research projects at intervals appropriate to the degree of risk to the study subjects.

8.1.8.1 The 'Primary Reviewers' shall determine as to:
8.1.8.1.1 which project require review more than annually; and
8.1.8.1.2 which project need verification from sources other than the PI

8.1.9 The committee will maintain a list of projects submitted, approved / disapproved and the outcome of each project.

8.2 Responsibilities of Member-Secretary, IHEC

In consultation with the Chairperson, the Member Secretary will be responsible for the following functions:

8.2.1 Receiving all research proposals reviewed and cleared by Secretary DCRB, for Panel Review
8.2.2 Numbering the proposals
8.2.3 Forwarding all proposals to committee members for review
8.2.4 Preparation of agenda for all committee meetings
8.2.5 Inviting experts from relevant therapeutic areas to the scheduled meetings
8.2.6 Notification of review outcome to investigators of research proposal
8.2.7 Preparation of circulation of minutes (within 14 days of the meeting)
8.2.8 Retention and safekeeping of all records and documentation

8.3 Responsibilities of the Technical Advisor to IHEC on Adverse Events Monitoring

Sl. No.	Area	Job Responsibilities of Technical Advisors in brief	Remarks
1	Internal Auditing of Adverse Events / Serious Adverse Events / unanticipated problems involving risks to subjects of others	Scan through AERs, Monitor AEs/SAEs and report to IHEC, prepare periodic report, to be tabled during IHEC Panel Review meeting	In the case of DSMB Reports, the TA is encouraged to consult the Biostatistician before the audit report is finalized. In such cases, both the TAs to sign the report.

The TA-AEM has been empowered to direct the PIs to withhold trials, if situation warrants, and shall issue ~~a~~ Determination Letter to the concerned PIs accordingly.

8.4 Responsibilities of the IHEC Member In-Charge of Protocol Amendment

The IHEC Member In-Charge of Protocol Amendment shall ensure that no material changes have occurred since previous review by the IHEC. S/he shall scrutinize all protocol amendment reports, informed consent format and patient information sheet. If the amendment is substantial, the Member In-Charge of Protocol Amendment shall recommend that the PI present the proposal afresh before the IHEC.

A. PRE-REVIEW PROCEDURE

9.0 How to apply for review of study proposal

9.1 Application for approval should be made in the prescribed format. All items must be filled in, and no items should be left blank as otherwise, it might result in summary rejection of the application.

9.1.1 How to obtain a copy of the application format for submission?

Soft copies of application forms are available from the PSG IMS & R website www.psgimsr.in . Hard copies are available from the combined secretariat of the IHEC & DCRB.

9.1.2 What should be submitted, how many copies in what format and when?

Please see **paragraph 9.5** below

9.2 Who should apply for approval of the proposal by the IHEC?

The Principal Investigator (PI) of the proposed study applies on behalf of the team of researchers.

9.2.1 Principal Investigator not affiliated to the PSG IMS&R

If the PI is not affiliated to PSG IMS&R, then s/he must identify a collaborator from among the faculty of PSG IMS&R. The PI must sign an affidavit that s/he shall comply with the clause of IHEC SOP and those in the national and international ethical guidelines, especially the following:

i. ICMR
ii. ICH-GCP
iii. CIOMS
iv. The Common Rule.

9.3 Whom to address?

All proposals must be addressed to the Secretary, Department of Clinical Research and Bioethics (DCRB), PSG IMS&R, with a request to review the proposal for its scientific soundness and then forward it to the Secretary, IHEC, PSG IMS&R for review of its ethical soundness.

9.3.1 Where to submit the application?

All applications for review by the IHEC must be handed over / sent by courier to the combined Secretariat of the IHEC and DCRB which is currently located in the first floor of the old college building (between the Department of Medical Education and the First Floor Lecture Hall).

9.4 The journey of a proposal

9.4.1 All study proposals (with necessary enclosures, please see **paragraph 9.5** below for details) for review must be submitted to the Secretary, DCRB with a request to review it and forward it to the Secretary, IHEC **if** the submitted proposal complies with all the requirements.

9.4.2 Accordingly, after the DCRB reviews the study proposal and finds that the proposal has sufficient scientific and ethical merit to be considered by the IHEC, it will then be forwarded to the Secretary, IHEC for necessary action at her/his end. (The DCRB Review includes review by the Primary Reviewer and review by subject experts [e.g., Biostatistician], if need be)

9.4.2.1 If not found suitable for forwarding to IHEC, either the proposal will be returned with suggestions and / or queries to the PI by the Secretary, DCRB or the PI will be invited for a personal discussion by the Secretary, DCRB or the Primary Reviewers of the proposal concerned.

9.4.3 If forwarded to the Secretary, IHEC, the proposal is then included in the list of projects to be reviewed by Members of IHEC in a full Panel Review meeting.

9.4.3.1 If the proposal was reviewed under the 'Exempt Review' clause, it will then be listed in the list of projects to be cleared in the Agenda of the IHEC full Panel Review meeting. In this case, the PI is not required to present the proposal before the IHEC full Panel Review meeting.

9.4.3.2 If the proposal was reviewed under the 'Expedited Review' clause, the PI will be invited for a discussion by the reviewers of the proposal. It will then be listed in the list of projects to be cleared in the Agenda of the IHEC full Panel Review meeting. In this case, the PI is not required to present the proposal before the IHEC full Panel Review meeting.

9.4.3.3 Copies of the proposals along with annexures are sent to the Members of IHEC for review using a model review check-list prepared by the ICMR. This will be sent at least 10 days before the scheduled date of the IHEC full Panel Review meeting.

9.4.3.4 The PI will be intimated about the date for IHEC Panel Review meeting.

9.4.3.5 On the day of IHEC full Panel Review meeting, the PI shall come to the venue with a PowerPoint presentation of the study proposal, and offer clarifications or answer queries raised by the members.

9.4.3.6 If the proposal is approved unconditionally by the members of IHEC in the IHEC full Panel Review meeting, then, the letter of approval for the study will be issued by the Secretary, IHEC on behalf of the Chairman, IHEC within a week.

9.4.3.7 If the proposal is approved conditionally by the members of IHEC in the IHEC full Panel Review meeting, then, the secretary, IHEC shall send a letter to the PI stating the conditions to be fulfilled if the study is to be fully approved by the IHEC.

9.4.3.8 A letter of approval for the study will be issued by the Secretary, IHEC on behalf of the Chairman, IHEC only after the PI complies with all the requirements.

9.5 List of documents to be submitted by the PI to the Secretary, DCRB for review of the study proposals:

The PIs are requested to submit **2 hard copies** and one soft copy by e-mail in portable document format (pdf) as attachment files of all the relevant documents at least **30 days before** the scheduled date of the IHEC meeting. The PI should send by e-mail the soft copy of the application set to the Secretary, DCRB with a Cc: (copy) to the Member-Secretary, IHEC by e-mail from the PI's own, currently used e-mail ID.

The e-mail ID of **DCRB** is: **dcrb.psg@gmail.com** while that of **IHEC** is: **ihec@psgimsr.ac.in** (old ID: **psgethics2005@yahoo.co.in).**

The hard copy must be accompanied with an **affidavit** from the sponsor of the company to the effect that the contents of the soft copy being sent by e-mail are the true copy of the hard copy being submitted to the DCRB &IHEC. It is the PI's responsibility to submit this affidavit from the sponsor and address it to the Secretary, IHEC. Without this affidavit, the application will not be considered as valid, and therefore, will not be reviewed by the DCRB and IHEC.

The IHEC full Panel Review meeting is normally held on the last Friday of every month. After the DCRB clears the proposals for further review by the IHEC, a minimum of two weeks is required for review by Members of the IHEC and to complete administrative procedures before it could be placed before a full Panel Review of the IHEC. Review of proposals is a time consuming process, and last minute submissions with request to include them for review during a particular month will not be entertained as it will result in compromising in the quality of the review process.

- 9.5.1 Application for review of study proposal in the prescribed format
- 9.5.2 Processing fee of Rs. 25,000/= to IHEC and Rs. 2,000/= to DCRB (applicable to sponsored Clinical Trials)
- 9.5.3 Detailed budget including source of funding and financial requirements for the project.
- 9.5.4 Final Protocol with all amendments
- 9.5.5 Investigator's Brochure and any other safety-related information available
- 9.5.6 Feasibility assessment form
- 9.5.7 Nil Disclosure Agreement (NDA)
- 9.5.8 Clinical Trials Agreement (CTA)
- 9.5.9 Investigator's agreement with sponsor
- 9.5.10 Informed Consent Form:
  - 9.5.9.1 Informed Consent From in English
  - 9.5.9.2 The relevant translated language versions of the Informed Consent Form
  - 9.5.9.3 Appropriate translation certificates for Informed Consent Form
- 9.5.11 Patient Information Sheet:
  - 9.5.10.1 Patient Information Sheet in English
  - 9.5.10.2 Patient Information Sheet translated into relevant languages
  - 9.5.10.3 Appropriate translation certificates for Patient Information Sheet
- 9.5.12 Case Record Form / Questionnaire
- 9.5.13 Insurance Policy (if not for the entire duration of the study period, PI to enclose a statement explaining the reasons and an assurance to the effect that it will be renewed in due course. If it is not renewed and communicated to IHEC in time, validity of approval for the study automatically ceases)
- 9.5.14 Ethics Committee clearance of other centers (if the proposed study is a multi-centre study)
- 9.5.15 CTRI Registration number
- 9.5.16 Investigator's undertaking to DCGI

9.5.17 **Clearance Certificate(s)** from the following agencies, wherever applicable:
- 9.5.17.1 Drug Controller General of India (DCGI)
- 9.5.17.2 Health Ministry Screening committee (HMSC)
- 9.5.17.3 Bhabha Atomic Research Centre (BARC)
- 9.5.17.4 Genetic Engineering Advisory Committee (GEAC)
- 9.5.17.5 Director General of Foreign Trade (DGFT)

9.5.18 Food and Drug Administration (FDA) marketing/manufacturing license for herbal drugs, where applicable

9.5.19 Approval letter from concerned authorities when all the study volunteers are vulnerable (e.g., prisoners, inmates of government orphanages, etc.)

9.5.20 Current CV of the Principal Investigator

9.5.21 For any drug / device trial, all relevant pre-clinical animal data

9.5.22 For any drug/device all previous data from the clinical trial, if one has taken place

9.5.23 Statement of conflicts of interest, if any.

9.5.24 A statement describing any compensation for study participation (including expenses and access to medical care) to be given to research participants; a description of the arrangements for indemnity, if applicable (in study-related injuries – including physical, psychological, social, financial or otherwise); a description of the arrangements for insurance coverage for research participants, if applicable;

9.5.25 All significant previous decisions(e.g., those leading to a negative decision or modified protocol) by other ECs or regulatory authorities for the proposed study (whether in the same location or elsewhere) and an indication of the modification(s) to the protocol made on that account. The reasons for negative decisions should be provided.

9.5.26 Plans for publication of results – positive or negative - while maintaining the privacy and confidentiality of the study participants.

9.5.27 Any other information relevant to the study.

* PIs are not supposed to recruit study volunteers until and unless the CTRI number is obtained and the same transmitted to the IHEC in writing by quoting the relevant study name, number, name of PI etc., in the communication. The PI should wait for the final approval letter from IHEC to start recruiting study volunteers.

9.6 Student Research proposals and studies that fall under the purview of Exempt Review

Student Research proposals and studies falling under the purview of Exempt Review by the IHEC should fill the format exclusively for these categories of proposals. (However, whether a study falls under Exempt Review or not, will be decided by the reviewer[s]). List of documents to be attached are much less compared to Clinical Trials, and they are listed in the application form itself. They are **exempted from adhering to clauses 9.5.3, 9.5.5, 9.5.6, 9.5.7, 9.5.12 to 9.5.18, 9.5.21 and 9.5.22** listed above. While students may be designated as PIs, there must be a faculty member from the institution to guide their research work, and the details of that faculty-member must be mentioned clearly in the application form, failing which it will not be taken up for review by the DCRB/IHEC.

B. REVIEW PROCEDURE

10.0 Review Procedure

10.1 DCRB designated as the Primary Reviewer as well as the Scientific Review Committee of the IHEC

The ICMR 'Ethical Guidelines for Biomedical Research on Human Participants' suggests that the institutional ethics committees (IEC) "should provide advice to the researchers on all aspects of the welfare and safety of the research participants after **ensuring the scientific soundness of the proposed research through appropriate Scientific Review Committee.** In institutions where this is lacking, the IEC may take up the dual responsibility of review of both, the scientific content and ethical aspects of the proposal. It is advisable to have separate Committees for each, taking care that the **scientific review precedes the scrutiny for ethical issues**. The scientific evaluation should ensure technical appropriateness of the proposed study. The IECs should specify in writing the authority under which the Committee is established."

Accordingly, the IHEC of PSG IMS&R has designated the **Department of Clinical Research & Bioethics (DCRB)**, PSG IMS&R as the 'Primary Reviewer' as well as the 'Scientific Review Committee' of IHEC which shall look into the scientific merit of all the study proposals submitted for review by the IHEC. The Head, DCRB will nominate individuals who are members of the Core Group of DCRB as 'Primary Reviewers'. The Head DCRB is empowered to nominate one or more persons from the Core Group of DCRB, PSG IMS&R as reviewers of study proposals with clearly defined portfolios. This arrangement is done with the concurrence of the Chairman, IHEC.

Though the ICMR recommends separate mechanisms for scientific and ethical review, the DCRB will look into not only the scientific aspects, but also ethical aspects of the study proposals. In other words, DCRB will work closely with the researcher to ensure that the protocol is appropriately written, that there is sound science, and ethics. In the event of these found wanting in the protocols submitted, DCRB will raise specific queries and seeks resolution of these before the protocol moves to IHEC. This makes certain that researchers do make changes that are deemed necessary, and are in full cognisance of them and are involved in developing the required amendments as well.

In order to function as the Primary Reviewer as well as the Scientific Review Committee of the IHEC, the DCRB shall sign a tripartite agreement with the PIs and sponsors to this effect. The DCRB members shall sign a 'Nil Disclosure Agreement (NDA) with the DCRB to assure and maintain confidentiality of the study proposal submitted to it and intellectual property arising out of the proposed work.

The DCRB will allocate individual Primary Reviewership on an year-to-year basis to specific Core Group Members with portfolios on Clinical Trials, Genetic Studies, PG Dissertation Proposals, Problem Solving for Better Health (PSBH) Student Research Proposals, and ICMR Short-Term Studentship (ICMR-STS) proposals.

The Biostatistician will look only into the statistical aspects like sample size estimation, analysis plan etc., S/he will have a check-list to look for these elements. All proposals for review for conducting Clinical Trials will be reviewed by the Biostatistician and other Core Group Members within seven days of receipt of the study proposal. Other proposals will be referred to the Biostatistician based on the felt-need by the Primary Reviewers in DCRB.

When the PI is invited to present her / his proposal to the IHEC Full Panel Review Meeting, the Primary Reviewer(s) who reviewed the proposals will be present in the meeting as members without voting rights. They will offer appropriate clarifications, answer queries raised by members and participate in the discussion.

10.1.1 Pre-requisites for being designated as individual Primary Reviewers in DCRB

Individual Primary Reviewers in DCRB need to be thorough in basic Principles of Epidemiology, Research Methods (including study designs) and Biostatistics. Those who hold MD Community Medicine or MPH (Epidemiology) degrees and / or those who had participated in the advanced-level training programmes in Research Methods and Biostatistics conducted by the ICMR are eligible to be the individual Primary Reviewers, provided they are a member of the Core Group of the DCRB.

10.2 The committee will meet **ONCE** in a month OR **as and when required.**

10.3 Advance notice, 10 days before each meeting will be sent out to the IHEC members, along with the Agenda and copies of study proposals mentioned in the Agenda.

10.4 The Chairperson will conduct all meetings of the IHEC. If for reasons beyond control, the Chairperson is not available, the Deputy Chairperson or an alternate Chairperson will be elected from among the members by the members present. The Alternate Chairperson will then conduct the meeting.

11.0 Elements of review

11.1 The following elements of review will be taken into consideration while reviewing study proposals:

11.1.1 Scientific design and conduct of the study.
11.1.2 Approval of appropriate scientific review committees.
11.1.3 Examination of predictable risks/harms.
11.1.4 Examination of potential benefits.
11.1.5 Procedure for selection of subjects in methodology including inclusion/ exclusion
11.1.6 Withdrawal criteria and other issues like advertisement details.
11.1.7 Management of research related injuries, adverse events.
11.1.8 Compensation provisions.
11.1.9 Justification for placebo in control arm, if any.
11.1.10 Availability of products after the study, if applicable.
11.1.11 Patient information sheet and informed consent form in local language.
11.1.12 Protection of privacy and confidentiality.
11.1.13 Involvement of the community, wherever necessary.
11.1.14 Plans for data analysis and reporting
11.1.15 Adherence to all regulatory requirements and applicable guidelines
11.1.16 Competence of investigators, research and supporting staff
11.1.17 Facilities and infrastructure of study sites
11.1.18 Criteria for withdrawal of patients, suspending or terminating the study
11.1.19 Approval of regulatory authorities wherever applicable

11.2 There will be primarily three types of review viz.,

11.2.1 Panel Review (all-member IHEC meeting)
11.2.2 Expedited Review
11.2.3 Exempt Review

11.3 Full Panel Review

The Panel Review of IHEC means the review of the study proposals received after clearance from the DCRB by the Members of the IHEC. Copy each of study proposal and relevant document(s) will be made available to each and every Member of the IHEC by the IHEC secretariat at least 10 days before the IHEC Panel Review meeting is scheduled to be held. The Panel Review Meeting of the IHEC, thus is the meeting of all the members of IHEC before whom the PI makes a PowerPoint presentation of the study. Questions / clarifications will be raised by the members with the PI.

As the DCRB has been designated as the Primary Reviewer of the study proposals submitted for review by the IHEC, all Core Group Members of DCRB who were involved in the review of the proposal that is being considered in a particular Panel Review meeting are expected to be present during the presentation and discussion of the study proposal. However, they will not have voting rights, unless they are Members of the IHEC.

11.4 Expedited review

11.4.1 All revised proposals, unless specifically required to go to the main committee, will be examined in a meeting of identified members convened by the Chairman to expedite decision making.

11.4.2 All revised proposals, unless specifically required to go to the main committee, will be examined in a meeting of identified members convened by the Chairman to expedite decision making.

11.4.3 Expedited review may also be taken up in cases of nationally relevant proposals requiring urgent review.

11.5 Expedited review procedures may be used when ALL of the following criteria are true:

11.5.1 The research presents no more than minimal risk to participants.
11.5.2 The identification of the subjects or their responses will not reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
11.5.3 The research is not classified.
11.5.4 The research falls into one or more of the following categories:

11.5.4.1 **Collection of blood samples** by finger stick, heel stick, ear stick, or venipuncture as follows from healthy, non-pregnant adults.
11.5.4.2 **Prospective collection of biological specimens** for research purpose by non-invasive means.
11.5.4.3 **Collection of data through non-invasive procedures** (not involving general anesthesia or sedation) routinely employed in clinical practice, **excluding procedures involving x-rays or microwaves**. Where medical devices are employed, they must be cleared/approval for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications)

11.5.4.4 **Research involving materials (data, documents, records, or specimens)** that have been collected, or will be collected **solely for non research purposes** (such as medical treatment or diagnosis)

11.5.4.5 **Collection of data** from voice, video, digital, or image recordings made for research purposes.

11.5.4.6 **Research on individual or group characteristics** or behaviour (including, but not limited to , research on perception, cognition, motivation, identity, language, communications, cultural beliefs or practices, and social behaviour) or research employing **survey, interview, oral history, focus group, program evaluation , human factors evaluation , or quality assurance methodologies.**

11.5.4.7 **Continuing review** of research previously approved by the IHEC as follows:

11.5.4.7.1 Where (i) the research is permanently **closed to the enrollment of new subjects** (ii) all **subjects have completed all research-related interventions;** and (iii) the **research remains active only for long-term follow up** of subjects; or

11.5.4.7.2 where **no subjects have been enrolled** and **no additional risks** have been identified; or

11.5.4.7.3 Where the remaining research activities are limited to **data analysis**

11.6 Expedited Review Committee of the IHEC – Composition, authority

The composition of the Expedited Review Committee of IHEC is as shown below:

1. Secretary, IHEC
2. Professor & Head, DCRB
3. Secretary, DCRB
4. Epidemiologist
5. Social Scientist
6. Lay Person

11.7 Exempt Review

11.7.1 Educational Research

11.7.1.1 **Research conducted in established educational settings,** involving normal educational practices, such as:

11.7.1.1.1 Research on regular and special education instructional strategies, or

11.7.1.1.2 Research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

11.7.1.2 **Research involving the use of educational tests** (cognitive, diagnostic, aptitude, achievement), surveys, interviews, or observation of public behaviour **UNLESS**

11.7.1.2.1 information is recorded in such a manner that subject can be identified (either directly or indirectly) AND

11.7.1.2.2 subjects responses could place subjects at risk (e.g., criminal or civil liability, financial standing, employability or reputation)

11.7.1.3 **Research involving educational tests, surveys, interviews, or observation of public behavior if:**

11.7.1.3.1 The subjects are elected or appointed public officials or candidates for public office; or

11.7.1.3.2 Federal statute requires confidentiality of identifiable information to be maintained permanently

11.7.2 Continuing Review

11.7.1.1 Proposals approved under exempt review clause will also be subjected to continuing review.

11.8 Research based on Secondary Data

11.8.1 **Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.** Sources must either be publicly available or information **must be recorded in such a manner that subject cannot be identified** (either directly or indirectly)

11.9 Exempt status shall not be granted when:

11.9.1 Research involves more than minimal risk

11.9.2 Research involves vulnerable population

11.9.3 Research involves Human Embryonic Stem Cells

11.9.4 The project involves significant physical invasions or intrusions upon the privacy of participants.

11.10 Exempt Review Committee of the IHEC – Composition, authority

The composition of the Exempt Review Committee of IHEC is as shown below:

One Primary Reviewer (from DCRB)
Secretary, DCRB
Secretary, IHEC

12.0 Minutes

The member secretary, designated by the Chairperson, will record the Minutes of the meeting and circulate the same to the members within two weeks of the meeting. Principal Investigator or Co-Investigator may be called to the meeting to present the study or answer specific queries. However, the Presenter will not participate in the decision making / voting process of that study even if he / she is a regular member of the IHEC.

A Study Team member including the Principal Investigator will be deemed an interested party with regard to the review.

The Study Team Member's non-participation in the decision making / voting process will be recorded in the response letter from the IHEC.

13.0 Decision making

The decision of the committee will be taken by a majority vote after the quorum requirements are fulfilled to recommend / reject / suggest modifications for a repeat review or advise appropriate steps. If subject experts are invited to offer their views, they will not take part in the voting process.

13.1 Research approved by the IHEC may be subject to further review and approval or disapproval by institutional officials viz., the Principal, PSG IMS&R, Medical Director, PSG Hospitals and the Administrative Superintendent. A minimum of two persons i.e., the Principal and Medical Director would deliberate on the issues and reasons for disapproval will be intimated with the PI and IHEC in writing.

Collection of data which are sensitive in nature and therefore permissibility of sharing the same with investigators will be decided by the Head of the Institution.

14.0 Independent Consultant

IHEC will call upon Independent consultant as experts who will provide special review of selected research protocols if need be. These experts may be specialists in ethical or legal aspects, specific disease or methodology, represent specific community, patient groups or special interest group (HIV positive patients, ethnic minorities)

In case of a study planned with alternative systems of medicine, it should include investigators from those systems as well as from modern medicine.

A copy of animal study reports will be required in the case of herbal drugs that are not marketed. Non-member experts will not be allowed to vote.

15.0 Validity of Approval

Validity of the approval is for one year from the date of the meeting on which the project was approved, after which the PI will seek re-approval for its continuation. The PI shall contact the IHEC in advance and the IHEC shall remind the PI in advance. Renewing the validity of approval in time is a shared responsibility of both the parties.

15.1 Suspension or termination of approval

Serious or continuing non-compliance with national and international regulations, or IHEC regulations or determination of the IHEC shall result in the suspension or termination of the IHEC approval. The determination letter indicating suspension or termination of approval shall include statement of the reason of IHEC action and will be reported to the PI and institutional head.

15.2 Changes in research activity

The IHEC is empowered to suggest prompt changes in a research activity, following periodic review. However, its incorporation in the research is optional.

16.0 Review Outcome

The Committee will give its opinion on the project in one of the following ways:

a. Approval
b. Disapproval
c. Modification before Approval
d. Discontinuation of a previously Approved project

17.0 Communication of Review Outcome

In all cases, the study will be unambiguously identified by protocol title and number.
All documents reviewed will be listed in the response letter, which will also list the number of members present and date of the meeting at which the study was reviewed.

List of the members who attended the meeting will not be provided by the IHEC.

The Chairman / Member-Secretary will convey the decision of the committee to the Principal Investigator and to the institution in writing.

C. POST-REVIEW PROCEDURE

18.0 Review of the modified Proposal

a. When modifications to the proposal, as recommended by the committee are minor, the revised documents may not be re-circulated. The revised proposal shall be reviewed by either chairperson, member-secretary or by one or more experienced reviewers designated by the chairperson from among the members of IHEC. An approval may then be issued if the revised documents are found satisfactory. The committee will keep all members of the committee informed of these approvals.

19.0 Procedure for Appeal

For research proposals rejected/disapproved by IHEC, the applicant may appeal for a repeat review within 12 weeks of receipt of committee's decision to IHEC.

While doing so, the applicant shall give justification relevant to the issues / objections raised by the committee.

20.0 Review of Amendments to the Approved Research Proposal

20.1 Should an amendment to a study-related document be administrative in nature and not involving study design or safety criteria, it may be provisionally approved in writing, by the Chairman / member-secretary of the Committee without calling a full meeting.

20.2 The Chairman / member-secretary will inform other members of the Committee of the amendment and his / her decision during the subsequent regular meeting of the committee. The decision will be ratified and minuted.
20.3 If the amendment involved changes to study-design and safety criteria, a full review is needed.
20.4 Proposed changes may not be initiated without prior IHEC review and approval except where necessary to eliminate apparent immediate hazards to the subjects.

21.0 Review of Study Volunteer Recruitment Procedure

All advertisements, letters to doctors, posters, notices to be used for recruitment of subjects shall be reviewed and approved by the committee prior to their implementation in the study

22.0 The Principal Investigator after obtaining the approval of IHEC submits:

22.1 a report of each serious adverse event with regard to the study
22.2 amendments / revisions to any study-related document as well as patient safety related information
22.3 report of completion of the project or its discontinuation with reasons

All communication to DCRB and IHEC should be in writing**; study title, study proposal number** (if approved), CTRI and DCGI numbers (wherever applicable) must be quoted in all correspondence.

23.0 Communicating significant research findings to study volunteers

A statement showing significant new findings developed during the course of research which may relate to the subject's willingness to continue participation must be provided to the study volunteers. Similarly, a statement of the adverse events should also be provided to the study volunteers. Copies of the same must be sent to the IHEC periodically.

24.0 Correspondence by PI with the IHEC

24.1 Before approval of the study

All correspondence by the PI before the review process is completed (i.e., before approval is granted) must be addressed to the Secretary, DCRB. Study title, study number, CTRI number and DCGI number (wherever applicable), must be quoted in all correspondence.

24.2 After approval of the study

All correspondence by the PI after the review process is completed (i.e., after approval is granted) must be addressed to the Member-Secretary, IHEC. Study title, study number, CTRI number and DCGI number (wherever applicable), must be quoted in all correspondence.

25.0 Record keeping and archiving

25.1 Curriculum Vitae (CV) of all members of IHEC.
25.2 Copy of all study protocols with enclosed documents, progress reports, and SAEs.
25.3 Minutes of all meetings duly signed by the Chairperson.
25.4 Copy of all existing relevant national and international guidelines on research ethics and laws along with amendments.

25.5 Copy of all correspondence with members, researchers and other regulatory bodies.
25.6 Final report of the approved projects.
25.7 All documents should be archived for 15 years. On-going study-related documents will be kept in the lockers in the IHEC-DCRB Combined Secretariat for a period of three years or till the closure of the study, whichever is latter, while study documents older than three years and closed study-related documents will be shifted to the lockers in the IHEC Archives Room.

26.0 Amendments to the Standard Operating Procedure

26.1 Amendments to the Standard Operating Procedure of IHEC, PSG IMS&R shall be proposed in writing
26.2 The proposal for amendment shall be sent to the member-secretary
26.3 It shall be presented to the regular members at a scheduled committee meeting
26.4 Member In-Charge, Protocol Amendments shall subject all amendments to scrutiny and shall give recommendations to the IHEC
26.5 Only regular members shall vote to accept or reject the proposed amendment.
26.6 If the amendments are minor the changes on a final version will be indicated as version 1.1, version 1.2 etc. If there are major amendments, the version will be indicated as Version 2.

27.0 Scope of the SOP

The provisions enshrined in this (current) version SOP shall be applicable to all studies which are currently live, even if approval was granted to those studies during the currency of an earlier version of the SOP. PIs are requested to familiarize themselves with the changes made in the SOP from previous versions.

28.0 Whom to contact to answer questions

28.1 For answer to questions about research, study volunteers shall contact the PI.

28.2 For answer to questions about rights of the study volunteers, the study volunteers shall contact the IHEC.

28.3 In the event of any research-related injuries, the study volunteers may contact the PI.

29.0 Signing of Documents

29.1 **The following persons are authorized to sign the categories of IHEC-related documents listed against their title:**

29.1.1 **Chairperson:** Appointment of members to the IHEC and other non-voting officials to help in formulating and executing various processes in the functioning of the IHEC

29.1.2 **Member Secretary:** Minutes of IHEC meeting, study approval letters, renewal of approvals, correspondence with chairperson and members, non-voting officials of the IHEC, and PIs, acknowledging communications and reports received from PIs, etc.

29.1.3 **Principal:** Appointment of Chairperson, constitution of the ethics committee, correspondence with Member-Secretary, Members, non-voting officials, PIs, Heads of Departments, etc.

30.0 Access to Documents

30.1 The following persons are authorized to have access at to IHEC-related documents at various stages, shown against their title:

(IHEC documents mean all documents originating from and received by [including study proposals, application for approval by the IHEC, financial instruments, etc.] the IHEC).

30.1.1 Study documents, before approval is given to studies:

a. Secretary, DCRB
b. Core Group Members of DCRB to whom they are assigned for review
c. Chairperson, IHEC
d. Member-Secretary, IHEC
e. Principal, PSG IMS&R
f. Administrative Assistant (under authorization)

30.1.2 Study documents, before approval and during review by IHEC Members:

a. Chairperson, IHEC
b. Member-Secretary, IHEC
c. Members, IHEC
d. Principal, PSG IMS&R
e. Core Group Members of DCRB to whom they are assigned for review
f. Administrative Assistant (under authorization)

30.1.3 Study documents, after approval:

a. Chairperson, IHEC
b. Member-Secretary, IHEC
c. Principal, PSG IMS&R
d. Technical Advisor to IHEC on Adverse Events Monitoring
e. Member In-Charge, IHEC on Protocol Amendments
f. Administrative Assistant (under authorization)

30.1.4 Access to study documents for research purposes:

The authority to grant permission to researchers for having access to stored study documents in IHEC for research purposes shall rest jointly with the Principal, PSG IMS&R and Chairperson and Member-Secretary, IHEC. If permission is granted, the researcher(s) shall sign a Non-Disclosure Agreement with the IHEC. Such researcher(s) must follow all other routine procedures for conducting a study as stipulated in this SOP. If permission is granted, they will not be allowed to take the documents out of the IHEC secretariat or IHEC Archives Room, nor will they be allowed to photograph / xerox the documents. Violation of these norms shall result in the automatic revoking of permission granted to them to (i) access documents and (ii) conduct the study.

ALL documents (except Circulars) originating from the IHEC or issued on behalf of IHEC by the Principal of PSG IMS&R and those received by IHEC shall remain in strict confidence. All documents will carry date on which they are generated and date of receipt in the IHEC Secretariat.

No one will be allowed to take photograph of (i) any of the documents which are the property of IHEC (ii) or the IHEC premises including its Archives Room.

30.1.5 Access to stored samples for research purposes:

30.1.5.1 No retrospective study would be approved on samples collected after the 1st of July, 2011 unless patient's consent has been obtained for future use of collected samples for retrospective study in any research study.

30.1.5.2 From July 2014 onwards, a retrospective study will be allowed only on data collected on or after July 2011, and not earlier.

30.1.5.3 This applies to all types of retrospective studies including biological samples.

31.0 Document Storage

31.1 All study-related documents (including those related to administrative and financial matters) generated or received by the IHEC shall be deemed to be property of IHEC.

31.2 All current (live) study documents will be stored in the document storage lockers in the IHEC office.

31.3 Closed-study documents will be shifted to the document storage lockers in the IHEC Archives Room.

31.4 Study-related documents will be archived for a period of 15 years from the date of closure of the studies. Documents older than 15 years will be destroyed.

31.5 Obsolete documents will be kept in a rack labeled as "Documents for Disposal", and will be sent for shredding / burning.

31.6 Document Storage & Locator Index will be maintained by the IHEC to ensure effective identification and traceability.

31.7 In the unlikely event of loss or damage caused to study documents, the concerned PIs / officials/ human study volunteers (through the PIs) will be intimated in writing describing the antecedent circumstances.

32.0 Infrastructure

32.1 Physical infrastructure

The Principal, PSG IMS&R shall allocate space for the IHEC Secretariat, document storage lockers for current as well as archived study-related documents.

32.2 Human Resource

Adequate human resource will be allocated for the functioning of IHEC by the Principal, PSG IMS&R.

32.3 Support Services Infrastructure & Service Provision

Support services infrastructure such as computer, printer, internet connection, telephone, etc., will be provided to the IHEC by the Principal, PSG IMS&R.

Application formats, informed consent templates and instructions shall be provided through the institutional web site.

33.0 Business Plan

The IHEC shall prepare an annual and monthly calendar covering its routine activities, such as conducting review meetings, sending out reminders for close-out of / renewal of approval given to studies, etc.

34.0 Location and Business address

Institutional Human Ethics Committee
1st Floor, Medical College Academic Block
PSG Institute of Medical Sciences & Research
Avinashi Road, Peelamedu
Coimbatore 641 004, India

Telephone: 0422 2570170 Extension: 5818
E mail: ihec@psgimsr.ac.in

Dr. Y.S. Sivan
Member-Secretary
Institutional Human Ethics Committee
PSG Institute of Medical Sciences & Research
Coimbatore, India.

Bibliography

45 CFR Part 46 (Office for Human Research Protections, US Department of Health & Human Services)
http://ohsr.od.nih.gov/guidelines/45cfr46.html

CIOMS International Ethical Guidelines for Biomedical Research Involving Human Subjects
http://www.cioms.ch/publications/layout_guide2002.pdf

Ethical Guidelines for Biomedical Research on Human Participants (Indian Council of Medical Research)
http://www.icmr.nic.in/ethical_guidelines.pdf

International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use: ICH Harmonized Tripartite Guideline – Guideline for Good Clinical Practice (E6 R1) [**ICH-GCP**]

Schedule Y – Requirements and Guidelines for Permission to Import and / or Manufacture of the drugs for sale or to undertake clinical trials
http://cdsco.nic.in/html/schedule-y%20(amended%20version-2005)%20original.htm

The Belmont Report – Ethical Principles and Guidelines for the protection of human subjects of research
http://ohsr.od.nih.gov/guidelines/belmont.html

World Medical Association (**WMA**) Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects
http://www.wma.net/en/30publications/10policies/b3/