SUBJECT: Principal Investigator Oversight **POLICY:** RA:HRPP:10.13

DATE EFFECTIVE: **PAGE:** 1 of 2

I. POLICY

The Children's National Medical Center (CNMC) Human Research Protections Program (HRPP) recognizes a single Principal Investigator (PI) for each research study. Principal Investigators are required to provide continuous and appropriate oversight of their research protocols and staff, and assume ultimate responsibility for all study related activities, including delegation of responsibilities and maintenance of proper study documentation.

II. ACCOUNTABLE EXECUTIVE AND REVIEWER(S)

A. Accountable Executive: Chief Academic Officer/Institutional Official for the Federalwide Assurance
B. Department Responsible for Review: Office for the Protection of Human Subjects
C. Committee Responsible for Review: Institutional Review Board Executive Committee
Research Policy/Procedure Working Group

III. APPROVAL

Approved by:

IRB Executive Committee 10/01/2009
Date

Research Policy/Procedure Working Group
Date

Mark L. Batshaw, M.D., Chief Academic Officer
Date

IV. APPLICABILITY

Areas where the policy and procedure applies: Children's Research Institute, Children's National Medical Center

Persons to whom the policy and procedure applies: Investigators, research staff

V. REVIEW OR REVISION DATE

Original:

VI. REFERENCES

AAHRPP Element(s):

SUBJECT: Principal Investigator Oversight **PROCEDURE:** RA:HRPP:10.13P

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I. PROCEDURE

A. Each Principal Investigator (PI) assumes personal responsibility for the welfare of subjects participating in his or her research study. The PI must personally assure that every reasonable precaution is taken to reduce risks to the subjects.

B. The PI must ensure that co-investigators and study staff:

1. Have a specific understanding of the details of the protocol relevant to the tasks they will be performing and, when applicable, the investigational product;

2. Are aware of regulatory requirements and acceptable standards for the conduct of human subjects research, both with respect to conduct of the study and human subject protection

C. It is the responsibility of each Principal Investigator to delegate responsibility to the research staff in a manner that is commensurate with the staff's training and qualifications. PIs conducting biomedical research must assure that all procedures associated with the research are performed, with the appropriate level of supervision, only by individuals who are licensed or otherwise qualified to perform them under State and local laws and the polices of Children's National Medical Center (CNMC). (See RA:HRPP:10.02 and 10.02P, *Investigator and Research Staff Qualifications*) Examples of inappropriate delegation of responsibilities include:

1. Screening evaluations, including obtaining medical histories and assessment of inclusion/exclusion criteria, conducted by individuals with inadequate medical training;

2. Physical examinations performed by unqualified personnel;

3. Informed consent obtained by individuals who lack the medical training, knowledge of the clinical protocol, or familiarity with the investigational product needed to be able to discuss the risks and benefits of a clinical trial with prospective subjects.

a) For most studies involving more than minimal risk and all studies involving investigational drugs/devices, the Institutional Review Board (IRB) requires that only a licensed physician investigator listed on the protocol be permitted to obtain informed consent. The IRB will allow other medically-trained individuals, such as a licensed nurse or non-licensed physician investigator, to obtain informed consent if those individuals would be permitted, in a clinical setting, to perform the procedures for which consent is required. See RA:HRPP:07.02P, *Informed Consent/Parental Permission and Assent Process*, section I.F.

D. The Principal Investigator must assure adherence to the study protocol and that each subject is adequately informed and freely consents to participate in the research, unless a waiver of consent has been obtained from the CNMC IRB.

E. The Principal Investigator has the responsibility to provide adequate staff supervision and to remain involved in the ongoing conduct of the study

1. The PI must have a detailed plan for the supervision and oversight of a study. Supervision and oversight should be provided even for individuals who are highly qualified and experienced. A plan might include the following elements, to the extent they apply to a particular study:
    a) Routine meetings with co-investigators and study staff to review the progress of the study and update them on any changes to the study or other procedures. It is the responsibility of the Principal Investigator to be available to the research staff as needed.
    b) A procedure for documenting the performance of delegated tasks in a satisfactory manner and, where appropriate, verifying findings (e.g., observation of the performance of selected assessments or independent verification by repeating selected assessments).
    c) A procedure for ensuring that the consent process is being conducted in accordance with Federal regulations 45 CFR 46 (Department of Health and Human Services) and 21 CFR 50 (Food and Drug Administration), and with CNMC requirements; and that study subjects understand the nature of their participation, risks, etc.
    d) A procedure for ensuring that information in source documents is accurately captured on the Data Collection Forms, Case Report Forms, or elsewhere as appropriate to the study.

2. It is the responsibility of the Principal Investigator to regularly review research processes and address any deficiencies identified through quality improvement processes. For example, a PI may conduct internal quality assurance audits or periodic protocol assessments. The PI also has the option of contacting the CNMC Office for the Protection of Human Subjects (OPHS) in order to schedule an assessment of the investigator's research. The PI is

responsible for maintaining documentation of any quality improvement process for his or her specific projects.

F. The Principal Investigator must respond to all IRB requests for additional information with regard to verifying knowledge, training, and resources adequate to perform research involving human subjects.

G. Source Documentation

Children's National Medical Center (CNMC) investigators are ultimately responsible for creating a system of records for research activities. The CNMC Office for the Protection of Human Subjects (OPHS) will provide the necessary guidance and support to investigators and their staff for establishing a system of records to document and track all research activities.

1. The investigator is responsible for ensuring that there is documentation of all source data. The investigator is responsible for creating or implementing the use of case report forms, when applicable. This documentation is needed for the reconstruction, evaluation, and validation of clinical findings, observations, and other research activities. Source documentation serves to substantiate the integrity of trial data, confirm observations that are recorded, and confirm the existence of participants. It also serves to ensure data quality by creating audit trails and enabling verification that data are present, complete, and accurate. Source data must be standardized across all sites when research is part of a multi-site clinical trial.

2. The investigator must create documents that allow for verification of all data.

3. All documents must be created in such a fashion as to create an audit trail.

4. When the investigator's research falls under multiple regulatory governances, the investigator must always follow the most stringent criteria and/or guidelines.

5. Investigators are encouraged to apply **ALCOA** to achieve data quality:
    a) **A**ttributable: Is it obvious who wrote it?
    b) **L**egible: Can it be read?
    c) **C**ontemporaneous: Is the information current and in the correct time frame?
    d) **O**riginal: Is it a copy? Has it been altered?
    e) **A**ccurate: Are conflicting data recorded elsewhere?

H. Investigator Essential Documents

Children's National Medical Center (CNMC) Office for the Protection of Human Subjects (OPHS) staff will provide the necessary guidance and support to

investigators and research personnel for establishing a system of essential documents.

1. The essential documents provide the support to ensure the compliance of the investigator, research personnel, sponsor, and monitor with the standards of good clinical practices and with all regulatory requirements.

2. A regulatory file of the essential documents must be maintained for each study site.

3. Essential documents may include but are not limited to the following, as applicable:
    a) Assent form;
    b) Assurance number and letter regarding IRB membership;
    c) Budget proposal;
    d) Case report forms;
    e) Communications;
    f) Conflict of Interest financial disclosure;
    g) Current form FDA 1572 or 1571 as applicable;
    h) Curriculum vitae of Principal Investigator and co-investigators, Human Subjects Training Certificates, and other credentials (i.e., licenses);
    i) Drug data sheet;
    j) Final and/or close-out monitoring reports;
    k) Final study report;
    l) Inclusion/exclusion criteria checklist;
    m) Information given to trial participants;
    n) Informed consent form(s);
    o) Investigator's Brochure;
    p) IRB/IEC approvals and correspondence;
    q) Laboratory documents (CLIA certification, licenses, normal lab values, etc.);
    r) Monitoring log;
    s) Monitoring reports;
    t) Pharmacy accountability records;
    u) Protocol;
    v) Protocol training;
    w) Randomization logs;
    x) Record of retained body fluids and/or tissue samples;
    y) Safety reports;
    z) Screening and enrollment logs;
    aa) Signature and initials log including delegation of authority;
    bb) Signed agreements;

cc) Site quality assurance records of activities;
dd) Source documents;
ee) Standard and emergency unblinding procedures.
ff) Standard operating procedures for the protocol at this site; and
gg) Subject identification code list

4. Some documents may be combined as long the individual elements are readily identifiable.

5. All documents do not have to be combined in one regulatory file.

6. Documents may be saved electronically where appropriate.

7. When the research falls under multiple regulatory governances, the investigator must always follow the most stringent criteria/guidelines.

8. The main site may maintain all regulatory files for the affiliated sites if necessary.

9. Essential documents must be available for inspection by the sponsor, regulatory agencies, and/or the CNMC Office for the Protection of Human Subjects (OPHS). These documents are used to confirm the validity of study conduct and integrity of the data

10. The destruction or retention of informed consents and regulatory documents should follow Federal regulations and CNMC policies and procedures. (See RA:HRPP:10.14 and 10.14P, *Storage and Retention of Research Data and Informed Consent Documents*)

II. REVIEW OR REVISION DATE

Original:

III. REFERENCES

AAHRPP Element(s):

Federal Regulations: U.S. Department of Health and Human Services (DHHS) 45 CFR 46
Food and Drug Administration (FDA) 21 CFR 50

Policies and Procedures: RA:HRPP:07.02 and 07.02P, *Informed Consent/Parental Permission and Assent Process*

RA:HRPP:10.02 and 10.02P, *Investigator and Research Staff Qualifications*
RA:HRPP:10.14 and 10.14P, *Storage and Retention of Research Data and Informed Consent Documents*