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Part 1: What is an Institutional Review Board?



Structure

An Institutional Review Board (IRB) is an independent body established to protect the rights and welfare of human research participants. Under Title 45 Part 46 of the Code of Federal Regulations ([45 CFR 46](#)), any research that is federally funded must be reviewed and approved by an IRB.

Any clinical investigation involving a product regulated by the U.S. Food and Drug Administration (FDA) must also be reviewed and approved by an IRB ([21 CFR 56](#)). Individual institutions or sponsors may require that all research, no matter how it is funded, be reviewed and approved by an IRB.

An IRB has specific authority over the conduct of research under its jurisdiction. No clinical study may begin enrolling participants until it has received IRB approval. The IRB has the authority to:

- Approve, disapprove, or terminate all research activities that fall within its local jurisdiction according to relevant federal regulations and institutional policy.
- Require modifications in protocols, including protocols of previously approved research.
- Require that participants be given any additional information that will assist them in making an informed decision to take part in research. (Requirements for informed consent are covered in the [Informed Consent module](#).)
- Require documentation of informed consent or allow a waiver of documentation. (Documentation of informed consent is covered in the [Informed Consent module](#).)

Every institution that participates in research studies must identify an IRB to review and approve those studies. The IRB must follow the requirements of 45 CFR 46 (described in this module) and of the [Office for Human Research Protections](#). Some research sites are under the jurisdiction of two or more IRBs. In these cases, the IRBs may perform joint review, separate review or agree to abide by the review of one of the involved IRBs.

This module provides an overview of the regulations governing IRBs. Many of the topics covered here are also addressed in other modules of this training program. Links to those topics are provided where relevant.

Part 2: Purpose of an IRB?



The purpose of an IRB is to safeguard the rights, safety, and well-being of all human research participants. The IRB fulfills this purpose by:

- Reviewing the full study plan (see section IRB responsibilities for the documents which comprise a full protocol) for a research study to ensure that the research meets the criteria specified in [45 CFR 46.111](#). (See summarized [Criteria for IRB approval of research](#).)
- Confirming that the research plans do not expose participants to unreasonable risks.
- Reviewing and approving proposed payments or other compensation to study participants.
- Ensuring that human participant protections remain in force throughout the research by conducting continuing review of approved research. This continuing review is conducted at intervals appropriate to the degree of risk posed by each study, but not less frequently than once a year.
- Considering adverse events, interim findings, and any recent literature that may be relevant to the research.
- Assessing suspected or alleged protocol violations, complaints expressed by research participants, or violations of institutional policies.
- Reviewing proposed changes to previously approved studies.

The IRB may suspend or terminate ongoing research that:

- Is not being conducted in accordance with IRB requirements, or
- Is associated with unexpected or serious harm to participants.

The IRB may also suspend or terminate research when additional information results in a change to the study's likely risks or benefits.

Part 3: Membership of an IRB

An IRB must have a diverse membership that includes both scientists and non-scientists. Scientist members may include researchers, physicians, psychologists, nurses, and other mental health professionals. Non-scientist members of an IRB may have special knowledge of a certain population (pregnant women, children, or prisoners).

Collectively, IRB members must have the qualifications and experience to review and evaluate the scientific, medical, behavioral, social, legal, and ethical aspects of a proposed study. An IRB must have at least five members. However, it may have as many members as necessary to perform a complete and adequate review of research activities.



ICH

Minimum 5 members

Minimum 1 member with scientific background

1 member not affiliated with any institution

Independent of sponsor to provide opinion

FDA

Minimum 5 members

At least 1 scientific & 1 non-scientific

1 member not affiliated with any institution

Diverse (race, gender, culture, vulnerable population representative)

No conflict of interest

Diversity of Membership

IRB membership must be diverse in terms of race, gender, and cultural heritage. Members must be sensitive to issues such as community attitudes.

Every effort must be made to ensure that no IRB consists entirely of men or entirely of women. However, no one can be appointed to an IRB solely on the basis of gender.

No IRB may consist entirely of members of one profession.

Each IRB should include at least one member whose primary concerns are in scientific areas and one member whose primary concerns are in non-scientific areas.

Each IRB should include at least one member who is not affiliated with the institution or study site.

Knowledge of Vulnerable Populations

If the IRB reviews research that involves vulnerable populations — such as children, prisoners, pregnant women, or disabled or cognitively impaired persons — its membership should include one or more persons who are knowledgeable about and/or experienced in working with these populations. The individuals specializing in vulnerable populations may be fulltime voting members or alternates to fulltime voting members.

Conflicts of Interest

No IRB member may participate in the review of any project in which he or she has a conflicting interest, except to provide information requested by the IRB.

An [investigator](#) may be a member of an IRB. However, the investigator (or any other IRB member) cannot participate in the review or approval of any research in which he or she has a current or potential conflict of interest. The investigator should be absent from the meeting room while the IRB discusses and votes on the research in which he or she has an interest.

Non-Voting Members

The IRB may invite individuals with competence in special areas to assist in the review of issues that require expertise beyond or in addition to that of the IRB members. These consultants are not voting members of the IRB. However, when research involves vulnerable populations, individuals specializing in these areas must be voting members of an IRB and maintained on the IRB roster accordingly.

Part 3: Membership of an IRB

Interactive: Assemble Your IRB

Read the following Scenario

A multisite clinical study package (including the protocol, informed consent forms, recruitment materials, and other related documentation) is being submitted for IRB approval. This US-based study is to assess the efficacy of BioMedXYZ's drug for Attention Deficit Hyperactivity Disorder in children ages 7 to 15.

Users are instructed as follows:

From a list of eight, choose the most appropriate candidates as members of the IRB and ensure that the composition of the IRB meets the minimum criteria outlined for clinical research in the U.S. Each candidate has a bio or biography to review. After reviewing the candidates' bios to determine if they are right for this clinical study, users are to drag the most appropriate candidates to the member area in the interactive, with a total of five voting members and one non-voting expert for consultation, and analyze the feedback based on the members chosen.

The feedback box includes 'must have' criteria in three areas: (1) diversity, (2) a non-scientific member, and (3) a non-affiliated member. The 'must have' feedback box will include all green checks after assembling the best group of experts for the IRB.

Be careful to avoid any conflict of interest with the chosen candidates. The feedback box includes a notification when a member is selected that has a conflict of interest for this clinical trial.

Listed below are the candidates for the IRB, including names, credentials, current title, and a brief bio on the candidate's background and expertise.

Candidate 1: Juan Telmo, PhD - Statistical Scientist

Juan has an MS degree in Data Analytics, with a concentration in Statistics, and PhD degree in Statistical Science. He has been a statistical scientist working for the past 5 years at BioMedXYZ firm that develops medical devices. He has expertise in statistical theory, methods, analyses, device development, and clinical research.

Candidate 2: Tomer Teivel, RN - Social Worker

Tomer had a rough start in life, his mother was an alcoholic when he was a child. He found his passion helping people dealing with addiction. He earned his MS degree in social work and obtained his social worker license (LCSW). He has worked for the past 12 years in schools, hospitals, and other agencies and also in community drug treatment programs. Previously, Tomer had participated in numerous research studies involving participant drug use. He has expertise in mental health treatment, research, families, and community.

Candidate 3: Lilith O'Conner, BS - Teacher

For the past 3 years, Lilith has worked as a Teacher at the local Elementary School. She serves as the Youth Committee Secretary for the local Community Center and is a teacher representative for the local Board of Education. Lilith has expertise in children, education, and community. She earned her BS degree in Psychology and Early Childhood Education.

Candidate 4: Carla Fox, JD, MHA - Ethicist

Carla earned her JD and MHA degrees in Health Care Law. She serves as Chairperson on the local chapter for the Board of Bioethics in Hospital Administration. She also works as a lawyer for healthcare organizations. Carla has expertise in health policy, bioethics law, and community engagement.

Candidate 5: Brian Bradford, MD - Pediatrician

Brian attended medical school, completed residency in a children's hospital, and obtained his medical licensure. He is a partner pediatrician in general practice for 20 years. He has expertise in pediatrics and clinical care.

Candidate 6: Dorian Picard, MD - Therapist

Dr. Picard earned a PhD in behavioral therapy and has been working in both the hospital and private sector for the last 15 years, specializing in children and adolescent behaviors with a special interest in ADHD. Due to his schedule he has limited availability.

Candidate 7: Dung Nguyen, MPH - Policy Analyst

Ms. Nguyen obtained a Master's degree of Public Health and Policy and now works as a management policy analyst at a firm that advises hospital and legislative administrators on health care policies. She has expertise in public health policies, epidemiology research, and biostatistics.

Candidate 8: Manfred Howard - Minister

Manfred was formerly incarcerated in the state criminal justice system. He is now a minister at the local church. He's worked for 6 years as an advocate for adults leaving the prison system and transitioning-to-work programs. He has expertise in prisoners and community.

Let's consider the feedback for the Non-Voting Member.

One candidate has a conflict of interest – he works for BioMedXYZ. He would not be an appropriate choice for the IRB. That candidate is Juan Telmo, PhD. Additionally, while Manfred Howard may be an expert in his field, he is not a good choice in this case because his area of expertise is adults and prisoners.

Several candidates would serve the IRB best as a voting member instead of a non-voting member for consultation. For example, Tomer Teivel, RN, works in environments that cater to the age group targeted for the study. He would serve the IRB better as a voting member as well as Lilith O'Conner, BS, because she has experience in early childhood education and expertise working with the target study population. Carla Brown, PhD, has legal experience and serves on a board of bioethics and Dr. Brian Bradford has a pediatric medical practice. Dung Nguyen, MPH, has expertise in epidemiology research and biostats. These candidates will be a good fit for the IRB as voting members.

That leaves one candidate who is a good choice to be added to the IRB as an advisor and a non-voting member, Dorian Picard, MD. His expertise is in children and adolescents with ADHD. However, his busy schedule only allows for limited availability. So, he has agreed to be available for expert advice only.

Now, consider the feedback for the ideal candidates to serve as voting members of the IRB for this clinical trial.

Several candidates have experience working directly with the age group targeted for the study - Tomer Teivel has additional experience in drug treatment and research, Lilith O'Conner has experience in early childhood education, and Dr. Brian Bradford has a pediatric medical practice. Another candidate has legal experience and serves on a board of bioethics, Carla Brown. Having regulations and ethics covered, the final ideal voting member has expertise on epidemiology research and biostatistics, Dung Nguyen. Each of these candidates would serve the IRB well as voting members.

Conversely, there are a few candidates that are not ideal to serve on the IRB as voting members.

Dr. Telmo has a conflict of interest. He works for BioMedXYZ, the pharmaceutical company supplying the drug for the study. While Manfred Howard may be an expert in his field, he is not a good choice in this case because his area of expertise is adults and prisoners. Dr. Picard would be a great addition to the IRB; however, his schedule does not allow him to commit to being a voting member of the team.

Part 4: Responsibilities of an IRB

The principal responsibilities of an IRB include the following:

Provision of an Infrastructure to Support the Ethical Review of Proposed and Ongoing Research

This infrastructure includes the following IRB processes:

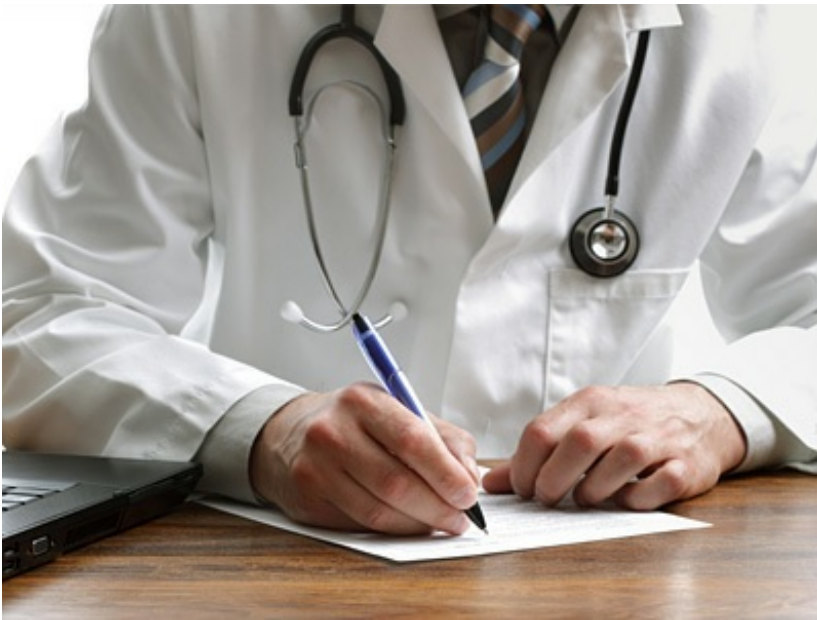
- Perform its functions according to written operating procedures.
- Maintain written records of its activities and minutes of its meetings.
- Comply with all applicable federal and state regulatory requirement(s).
- Should review a proposed clinical trial within a reasonable timeframe.
- Make its decisions at announced meetings at which a quorum is present.
- Retain all relevant records (e.g., written procedures, membership lists, lists of occupations/affiliations of members, submitted documents, minutes of meetings, and correspondence) for a period of at least 3 years after completion of a study and make them available upon request from any regulatory authority.
- Notify investigators promptly in writing of its decisions, stating the reasons for those decisions and noting the procedures for appeal.

Reviewing and Understanding the Full Plan of Study

To provide a full review, the IRB should obtain the following documents (examples of information included in a full plan of study):

- Study protocol(s) and protocol amendment(s).
- Written Informed Consent Form(s) and consent form updates that the investigator proposes to use.
- Documents and other media relating to participant recruitment procedures (e.g., advertisements).
- Written information to be provided to participants including questionnaires and explanatory materials.
- Information about payments and compensation available to participants.
- Investigator's Brochure.
- Available safety information, including references to relevant literature.
- Investigator's current curriculum vitae and/or other documentation that provides evidence of the investigator's qualifications.
- Any other documents needed to fulfill the IRB's responsibilities.

Keeping a Written Record of IRB Decisions



The following written records should be kept pertaining to an IRB's review of a proposed study:

- Identification of the study.
- List of documents reviewed.
- Decision reached:
 - Approval.
 - Disapproval.
 - Rationale for disapproval.
- Termination or suspension of prior approval.
- Date decision was reached.
- Correspondence with the investigator.

Considering the Investigator's Qualifications

The IRB should consider the qualifications of the investigator for the proposed study, as documented by a current curriculum vitae or other relevant documentation.

Conducting Continuing Review of Ongoing Studies

The IRB conducts continuing review of each ongoing study at intervals appropriate to the degree of risk to human participants. By regulation, this interval must be at least once per year.

Requesting More Information When Necessary

The IRB may request more information to assist in their review. One of the reasons for such a request would be when the IRB judges that the additional information would add meaningfully to the protection of the rights, safety, or well-being of participants.

Reviewing Incentives for Participation



Payment to participants for their participation in a research study must never be coercive in either amount or method of distribution. (This issue is also discussed in the [Informed Consent module](#).)

The IRB should review both the amount and method of payment to participants to assure that neither exerts undue influence on study participants. Payments to participants should be prorated (divided in a proportional manner) and not entirely contingent on a participant's completion of the study (no large, consolidated payment at the end).

The IRB should confirm that information regarding payment to participants, including the methods, amounts, and schedule of payments to study participants, is justified by the protocol and set forth in the written Informed Consent Form and any other written information provided to participants. The way payment will be prorated should be specified.

Some IRBs have written requirements concerning what is adequate compensation for study participants. Investigators should be familiar with these requirements before submitting a protocol to the IRB for approval.

Part 5: Criteria for IRB Approval of Research

Interactive: Criteria for IRB Approval of Research - Principles

The **Belmont Report**, the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research established three key principles that underlie the current system of human research protections: respect for persons, beneficence (do no harm/maximize possible benefits and minimize possible harms), and justice. These principles are the basis for the criteria for Institutional Review Board (IRB) approval of research (Reference: The Belmont Report).

Users are instructed as follows:

Select from the three principles as they relate to the given criteria and descriptions:

- A. Respect
- B. Beneficence
- C. Justice

Then, after selecting the related principle, feedback is provided on your response.

Criteria 1: Risks to Participants are Minimized

The IRB should ensure that procedures used in the proposed research are consistent with sound research design, that they do not expose participants to risk unnecessarily, and, when appropriate, involve diagnostic or treatment procedures that pose no further risk.

Feedback: Which of the three principles relates to this criterion: Respect, Beneficence, or Justice? This criterion relates to the principle of beneficence in the Belmont Report.

Criteria 2: Risks to Participants are Reasonable in Relation to Anticipated Benefits

The IRB should consider only risks and benefits that may result from the research, as distinct from risks and benefits of therapies participants would receive even if they were not participating in the research. The IRB should not consider the possible long-range effects of applying the knowledge gained in the research.

Feedback: Which of the three principles relates to this criterion: Respect, Beneficence, or Justice? This criterion relates to the principle of beneficence in the Belmont Report.

Criteria 3: Selection of Participants is Equitable

No single gender or racial, ethnic, or socioeconomic group should disproportionately carry the burden or reap the benefits of the research. The IRB should ensure that the gender and racial, ethnic, and socioeconomic status of the participants of a research study match as closely as possible to that of the persons expected to benefit from the research.

The IRB should also be mindful of the special challenges of research involving vulnerable populations,

such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.

Feedback: Which of the three principles relates to this criterion: Respect, Beneficence, or Justice? This criterion relates to the principle of justice in the Belmont Report.

Criteria 4: Informed Consent is Properly Obtained and Documented

The IRB must review the informed consent form and ensure that [Informed Consent](#) is sought from each prospective participant or from the participant's legally authorized representative. The IRB must also ensure that the process of obtaining [Informed Consent](#) is properly documented. (This topic is discussed in detail in the Informed Consent module.)

Adequate provision is made for monitoring the data collected to ensure the safety of participants.

The IRB must review the plans for data collection, storage and analysis and for ensuring participant safety. This includes the plan for capturing and reporting information about adverse events. (Adverse events are covered in the Participant [Safety and Adverse Events](#) module.)

Complex or high-risk studies may be required to have a data and safety monitoring plan. Some sponsors may require all studies to have a data safety monitoring plan. For example, in the Clinical Trials Network, all studies must have a data and safety monitoring plan and be monitored by a Data and Safety Monitoring Board.

Feedback: Which of the three principles relates to this criterion: Respect, Beneficence, or Justice? This criterion relates to the principle of respect for persons in the Belmont Report.

Criteria 5: Adequate Provision is Made to Protect Participants' Privacy and Maintain the Confidentiality of Data

Protection of participants' privacy. The IRB must consider whether the research involves an invasion of privacy. Factors to be considered include:

- The private or sensitive nature of the information sought.
- The likelihood that participants will regard the study as an invasion of privacy.
- The importance of the research.
- The availability of alternative ways to conduct the study.

Confidentiality of data. IRBs must evaluate whether adequate provisions exist to safeguard the confidentiality of information that is collected. (See [Confidentiality](#) module.)

Feedback: Which of the three principles relates to this criterion: Respect, Beneficence, or Justice? This criterion relates to the principle of respect for persons in the Belmont Report.

Criteria 6: Additional Safeguards are Included for Vulnerable Populations

Some individuals' willingness to volunteer in a clinical trial may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or by actual or perceived coercion by

persons in positions of authority. Examples of such vulnerable populations include:

- Children.
- Prisoners.
- Pregnant women.
- Mentally disabled persons.
- Economically or educationally disadvantaged persons.
- Patients with incurable diseases.
- Patients in emergency situations.
- Medical, nursing, dental, and pharmacy students.
- Subordinate hospital personnel.
- Members of the armed forces.

When some or all of a study's participants are likely to be drawn from a vulnerable population, the IRB must ensure that appropriate additional safeguards are included in the study to protect the rights and welfare of these participants. Such additional safeguards may include:

- Heightened monitoring of the informed consent process. In some cases, the IRB may wish to approve the enrollment of each participant in the study.
- Changes to the composition of the IRB. For example, when research involving prisoners is being reviewed, at least one voting member (or Alternate) of the IRB must be a prisoner or a prisoners' representative with appropriate background and experience to serve in that capacity. If a particular research project is under the jurisdiction of more than one IRB, each IRB of record needs to satisfy this requirement.

Feedback: Which of the three principles relates to this criterion: Respect, Beneficence, or Justice? This criterion relates to the principle of Beneficence and Respect for persons in the Belmont Report.

Part 6: Expedited Review



An IRB may use an expedited review procedure for research that:

- Involves no more than [minimal risk](#) and
- Falls into a category that appears on an approved list of categories of research eligible for expedited review.

An IRB may also use expedited review to approve minor changes in previously approved research that are made during the period (1 year or less) for which the approval is authorized. The IRB must have written procedures that specify how an expedited review will be conducted.

An expedited review (which may involve less waiting time for IRB approval) may be carried out by the IRB chairperson or by one or more experienced IRB members designated by the chairperson. The reviewers may exercise all of the authorities of the IRB except that of disapproving the research. A proposal submitted for expedited review may be disapproved only by the full IRB.

Research Eligible for Expedited Review

The Department of Health and Human Services has determined that certain types of research involve no more than [minimal risk](#) and are therefore eligible for expedited review.

The following are examples of research that may be eligible for expedited review:

- Collection of hair or baby teeth.
- Collection of external secretions, including sweat and saliva.
- Recording of data from adults using noninvasive procedures that are routinely employed in clinical practice (not including exposure to electromagnetic radiation outside the visible range, for example, x-rays or microwaves.)
- Collection of blood samples by venipuncture.
- Voice recordings made for research purposes, such as investigations of speech defects.
- Moderate exercise by healthy volunteers.
- Study of existing data, documents, records, pathological specimens, or diagnostic specimens.

Further information about the types of research that may be eligible for expedited review may be found on the [Office of Human Research Protections](#) website.

Part 7: Investigators' Responsibilities to the IRB



The investigator must:

- Ensure that the IRB receives all the documents it requires to review the proposed research.
- Admit no participant to a study before the IRB has issued its written approval of the study.
- Make no changes to or deviations from the study protocol without prior written approval from the IRB, except when necessary to eliminate immediate hazards to participants.
- Report promptly to the IRB:
 - Changes to or deviations from the protocol, including changes made to eliminate immediate hazards to study participants.
 - Changes that increase the risk to participants or significantly affect the conduct of the study.
 - All adverse drug reactions that are both serious and unexpected.
 - New information that may adversely affect the safety of participants or the conduct of the study.

Reporting requirements may vary, and it is the investigator's responsibility to know the individual reporting requirements of each IRB involved with the research study. For example, an IRB may require that every serious adverse drug reaction be promptly reported, whether it was unexpected or not.

- Respond in a timely fashion to all requests from the IRB for additional information about a research study.
- Submit progress reports to the IRB annually, or more frequently, if requested by the IRB, and submit a final report to the IRB when the study is completed or terminated.

Part 8: IRBs and Multi-Site Research



Multi-site trials funded by NIH are characterized by the involvement of multiple institutions and study sites engaged in a single research study. CTN studies are an example of multi-site trials funded by the National Institute on Drug Abuse (NIDA).

When a research study involves more than one institution, each institution is responsible for safeguarding the rights and well-being of research participants at that institution.

With the implementation of the NIH policy on Use of a Single Institutional Review Board for Multi-Site Research (effective May 25, 2017), multi-institutional research in the U.S. involving non-exempt human participants will use a single IRB. Based on 45 CFR 46.114, the use of a single IRB allows for a more streamlined IRB review and increases efficiencies while maintaining the protection of human study participants (NIH Office of Extramural Research, 2016).

For more information, including the scope and applicability of the Use of a Single Institutional Review Board for Multi-Site Research, reference the [NIH policy](#).

Additional resources are available on the [NIH Office of Science Policy's website](#) for single IRB (sIRB).

Part 9: Summary of Key Points

- The purpose of an Institutional Review Board (IRB) is to safeguard the rights, safety, and well-being of all human research participants.
- Any federally funded research involving human participants must be reviewed and approved by an IRB.
- Any clinical investigation involving a product regulated by the FDA must be reviewed and approved by an IRB.
- An IRB has the authority to approve or disapprove all research activities that fall within its jurisdiction. It may disapprove a research project with a request for modification. It also has the authority to suspend a research study that it previously approved.
- All previously approved ongoing research must be reviewed by an IRB at least once a year to determine whether approval should be continued.
- Every institution, including in the NIDA Clinical Trials Network (CTN), that participates in a clinical study must identify all IRBs that have jurisdiction to review and approve the protocol.
- To approve a research protocol, the IRB must ensure that:
 - Risks to participants are minimized.
 - Risks to participants are reasonable in relation to anticipated benefits.
 - Selection of participants is equitable.
 - Informed consent is properly obtained and documented.
 - Adequate provision is made for monitoring the data collected to ensure the safety of participants.
 - Adequate provision is made to protect participants and maintain confidentiality of data.
 - Additional safeguards are included for vulnerable populations.