Title: Post-Approval Monitoring (PAM)
Latest Approval Date: 7/28/2023
Previous Approval Dates: None
Standard Operating Practice: 18

18.1. Executive Summary

This document provides information regarding the NC State University (NC State)'s unit standard for how study protocols will be monitored after their initial approval. This ensures study protocols accurately reflect the research project's implementation while remaining consistent with institutional, state, and federal regulations laws. This document details activities that research teams and the IRB office will conduct in order to monitor research activities after the protocol has been initially approved.

18.2. Standard Operating Practice

All researchers who have received IRB approval from either the NC State University IRB or another IRB (to which NC State has ceded review), must adhere to and maintain an approved protocol that accurately represents their research practices.

To maintain an active approved protocol, researchers must comply with the following NC State University IRB unit standards: renewals, amendments, closures, and transfers (Word document), unanticipated problems and adverse events (Word document), issues of noncompliance (Word document), participant concerns and complaints (Word document), and exemption requests (Word document).

The NC State University IRB office may initiate activities to monitor the conduct of approved studies either as "for-cause" or as part of a routine process by random selection.

18.3. Operational Procedures

In order to ensure the continued protection of human subjects and ethical and compliant research practices, the NC State University IRB will conduct monitoring activities for protocols after they are approved. Protocol audits may be prompted by events that occur or when information arises about a study, known as "for-cause," which may lead to one-time or periodic audits. The NC State IRB will also conduct routine audits of randomly selected protocols that were reviewed by the convened full board and/or have federal funding due to the increased risk and/or regulatory requirements associated with these protocols.

18.3.a. For-Cause Audits

1. When the NC State University IRB is provided with information or has reason to be concerned, the NC State IRB will decide to conduct a "for-cause" audit.
2. For-cause audits may be prompted by participant complaints, participant welfare and safety concerns, unanticipated problems, adverse events, noncompliance reports, or possible noncompliance observations.
3. Depending on the cause of the audit, the NC State University IRB may determine that some or all research activities should cease until the audit is concluded. PIs or faculty points-of-contact will be informed if their protocol is being audited.
4. The NC State University IRB may decide to conduct a remote or on-site review to audit some or all study-related documents and activities. This includes, but is not limited to:
    a. compensation procedures and records;
    b. consent documents and documentation of consent records;
    c. devices or stimuli used;

    d. implementation of study procedures, including observations of participant interaction (recruitment, consent, and data collection);
    e. study materials;
    f. research team communications and training;
    g. research records;
    h. storage of study documents and data; and
    i. IRB review and approval processes, procedures, and determinations.
5. Depending on the information discovered during the audit, the NC State University IRB may determine that some or all research activities should cease until the audit is concluded. The NC State IRB will inform the principal investigator and/or faculty point-of-contact if that is the case.

18.3.b. Routine Audits

1. The NC State University IRB will conduct annual audits of protocols that were reviewed by the convened full board or those that have federal funding. These protocols will be chosen at random.
2. Routine audits may vary in scope, from a target focus (e.g., consent) to a comprehensive review.
3. PIs or faculty points-of-contact will be informed if their protocol has been selected for an audit and the scope of the audit.
4. Depending on the information discovered during the audit, the NC State University IRB may determine that some or all research activities should cease until the audit is concluded. The NC State IRB will inform the principal investigator (hereafter, PI) and/or faculty point-of-contact if that is the case.
5. An audit will involve a remote or on-site review of some or all study-related documents and activities. This includes, but is not limited to:
    a. compensation procedures and records;
    b. consent documents and documentation of consent records;
    c. devices or stimuli used;
    d. implementation of study procedures, including observations of participant interaction (recruitment, consent, and data collection);
    e. study materials;
    f. research team communications and training;
    g. research records;
    h. storage of study documents and data; and
    i. IRB review and approval processes, procedures, and determinations
6. The NC State University IRB may also ask to speak with any or all research team members on the protocol.

18.3.c. Audit Findings and Communications

1. The NC State University IRB will inform PIs or faculty points-of-contact with the findings of their audits, which may include, but is not limited to:
    a. observations made during the review;
    b. what, if any, issues were found;
    c. the severity of the issues found;
    d. any consequences or corrective actions;
    e. any recommended or required next steps and deadlines for completion;
    f. any recommended next steps; and
    g. corrections needed to the IRB review and approval processes, procedures, and previous determinations.

2. Investigators are expected to complete the required next steps within the specified timeframe and inform the NC State University IRB office when the steps have been taken. The NC State IRB office will follow-up with the investigators as needed.
3. If findings indicate that the NC State University IRB review and approval process, procedures or previous determinations were inadequate or incorrect, the NC State IRB will be required to address the issue(s) quickly and thoroughly. This may result in a re-review of the protocol, changes to process or unit standards, staff training, or reporting to appropriate bodies.

18.3.d. Audit Completion

1. The NC State University IRB will consider audits completed when all required next steps have been taken.
2. If there are no required next steps, audits will be considered complete when the NC State IRB communicates their findings to the investigators.

18.3.e. Audit Reporting

1. The NC State University IRB may escalate any issues during any point of the audit at their discretion.
2. Serious issues, including non-compliance or those that may pose an immediate danger to research participants, may be reported to the IRB chair, convened full board, Institutional Official, relevant entities within NC State or any outside regulatory bodies as appropriate, including the Office for Human Research Protections (OHRP) and federal department or agency heads for federally funded projects.
3. The IRB will follow procedures for reporting noncompliance findings (Word document), unanticipated problems and adverse events (Word document), and participant concerns and complaints (Word document) as appropriate.
4. The NC State University IRB may report investigators to the convened full board who do not cooperate with or fail to comply or engage with any post-monitoring activities or required actions.

18.3.f. Investigator Requests and Appeals

1. If principal investigators (hereafter, PIs) or faculty points-of-contact would like to request a correction or believe that a required action is not feasible, they may contact the IRB coordinator for post-approval monitoring, IRB chair, or the IRB director.
2. If PIs or faculty points-of-contact disagree with the IRB's findings or have concerns that are not easily resolved, they can submit an appeal to the convened full board for reconsideration of a determination, required next steps, or corrective actions.
3. All investigator petitions must be made within 30 business days of the IRB's communication of findings.
4. The NC State University IRB convened full board will review the petition, unless otherwise communicated, and the investigator will be notified in writing of the IRB's decision within 14 business days of the review.

18.3.g. Records Retention

1. The NC State University IRB will keep records of all audits that occur for a minimum of three years.
2. IRB staff will upload a summary of audit findings to the protocol's record in the electronic IRB application system.
3. Researchers are expected to keep a copy of the NC State University IRB's post-approval monitoring findings for their own records.

18.3.h. Post-Approval Monitoring in Cooperative Research

1. **When NC State University is the IRB of Record**

   The NC State University IRB has the authority to conduct for-cause audits and routine audits, as described above, for all protocols under its purview. This includes protocols that involve external researchers whose IRBs have agreed to rely on the NC State University IRB for review or who have established an individual investigator agreement with the NC State IRB.

2. **When NC State University is the Relying IRB**

   a. NC State University researchers whose protocols are reviewed by an external IRB are expected to be aware of and comply with that IRB's post-approval policies and procedures.

   b. If the NC State IRB is made aware of any issues that arise in protocols that they have ceded review, they will inform, help facilitate, and work with the reviewing IRB until the matter is resolved. Depending on the situation, the NC State IRB may also look into any NC State protocols that are related and/or involve the same researcher(s).

3. **When NC State University Researchers use the WCG Private IRB**

   a. The NC State University IRB has the authority to conduct for-cause audits and routine audits, as described above, for all protocols reviewed by the WCG private IRB.

   b. Researchers are also expected to be aware of and comply with the WCG IRB's policies and procedures.

   c. If the NC State IRB is made aware of any issues that arise in protocols reviewed by the WCG private IRB, they will inform, help facilitate, and work with them until the matter is resolved. Depending on the situation, the NC State IRB may also look into any NC State protocols that are related and/or involve the same researcher(s).