TRINITY WESTERN UNIVERSITY

SOP 405

TITLE	**405: Continuing Review**
SCOPE	All research submitted to the Human Research Ethics Board operating under the direct authority of Trinity Western University
RESPONSIBILITIES	The Vice-Provost, Research & Graduate Studies, all Human Research Ethics Board (HREB) members, including the Chair(s) and Coordinator
APPROVAL AUTHORITY	The Vice-Provost, Research & Graduate Studies
EFFECTIVE DATE	November 14, 2019
Supersedes documents dated	N/A

1.0 PURPOSE

This standard operating procedure (SOP) describes the procedures for the continuing review of research that is overseen by the Human Research Ethics Board (HREB), and the criteria for continued HREB approval.

2.0 RESPONSIBILITIES

The HREB Chair or designee and the assigned HREB reviewer are responsible for conducting an in-depth review of all submitted materials for their assigned research projects.

All other HREB members are responsible for reviewing the submitted materials for each research application in enough depth to be prepared to discuss the research meaningfully at a Full Board meeting.

3.0 DEFINITIONS

See Glossary of Terms.

4.0 PROCEDURE

HREBs must establish procedures for conducting the continuing review of approved research involving human participants at intervals appropriate to the degree of risk, but not less than once a year. Periodic review of research activities is necessary to determine whether approval should be continued or withdrawn.[1]

4.1 Continuing Review by the Full Board

4.1.1 The Researcher is required to submit an application for continuing review of research at a frequency to be determined by the HREB and which will

[1] See SOP 403.3.3.4 for details regarding extended approval periods.

be defined at the time of the initial approval of the research, or as otherwise revised;

4.1.2 At a minimum, the HREB requires that an application for continuing review be submitted once per year until all of the data has been collected, all contact with research participants has concluded and the closure of the research has been acknowledged by the HREB;

4.1.3 In exceptional circumstances the HREB may determine that the research requires continuing review more or less frequently than once per year by considering the following:

- The nature of any risks posed by the research,
- The degree of uncertainty regarding the risks involved,
- The vulnerability of the participant population,
- The projected rate of enrolment and estimated research closure date,
- Whether the research involves novel interventions,
- The HREB believes that more frequent review is required;

4.1.4 Continuing review applications are due by the deadline for the applicable HREB meeting (i.e., the expiry date must be on or after the HREB meeting date and prior to the date of the subsequent HREB meeting), regardless of the type of review they may undergo;

4.1.5 To assist the Researchers in submitting on time, a courtesy reminder(s) prior to the expiry date may be generated;

4.1.6 The responsible HREB Office Personnel reviews the application for completeness, and requests any clarifications, missing documents or other information from the Researcher, as applicable;

4.1.7 The HREB may request verification from sources other than the investigator that no material changes have occurred since previous HREB review. For example:

- Based on the results of a previous audit or inspection (internal or external),
- Suspected non-compliance,
- Studies involving vulnerable populations,
- Studies involving a potentially high risk to participants,
- Suspected or reported protocol deviations,
- Participant or Research Staff complaints,
- Any other situation that the HREB deems appropriate;

4.1.8 The responsible HREB Office Personnel will assign the application to the agenda of the next HREB meeting if the research meets the criteria for Full Board review;

4.1.9 A summary report of the continuing review applications assigned to the HREB meeting may be attached to the HREB meeting agenda;

4.1.10 For research that meets the criteria for Full Board review, the HREB will discuss the research at a Full Board meeting and will make a decision regarding the continued approval of the research, as well as any other additional determinations regarding the conduct of the research, as applicable.

4.2 Continuing Review by Delegated Review Procedures

4.2.1 When the research received initial approval via delegated review it may undergo delegated review at the time of continuing review;

4.2.2 Research that was previously reviewed by the Full Board may also be reviewed at the time of continuing review using delegated review procedures if the conditions are met;

4.2.3 The responsible HREB Office Personnel reviews the continuing review application for completeness, including verification of the currently approved informed consent form(s), and requests any clarifications, missing documents or other information as applicable;

4.2.4 The responsible HREB Office Personnel will forward the application to the appropriate HREB reviewer;

4.2.5 The reviewer may request additional information or clarification, as necessary, and will make a decision regarding the continued approval of the research and the continued conduct of the research;

4.2.6 Upon reviewing an application that was sent for delegated review, if the reviewer determines that the risks are now greater than minimal, the reviewer will refer the application for review by the Full Board.

4.3 HREB Determinations

4.3.1 To grant a continuation of the approval of the research the HREB must determine that:

- There have been no material changes to the research or to the informed consent form that have not been previously submitted and approved,
- There is no new conflict of interest or new information that has emerged that might adversely affect the safety or the well-being of research participants,
- Risks to research participants are minimized and reasonable in relation to the anticipated benefits,
- Selection of research participants is equitable,
- Informed consent processes continue to be appropriate and documented,

- Adequate provisions are in place for monitoring and data protection to ensure the safety and privacy of participants and confidentiality and integrity of the data,
- Any complaints from research participants have been followed-up appropriately;

4.3.2 The HREB may also make additional determinations, including:

- Request changes to the informed consent form(s),
- Request changes for the continuing review interval (based on risks),
- Impose special precautions (e.g., frequency of monitoring, the requirement for interim reports or duration of approval period),
- Require modifications to the research,
- Suspend or terminate HREB approval.

4.4 Continuing Review Applications not Received by the Expiry Date

4.4.1 If an application for continuing review is not submitted by the expiry date, a warning or suspension notice will be issued to the Researcher. When suspended, the Researcher must suspend all research activities as specified by the HREB. The responsible HREB Office Personnel will follow-up with the Researcher to ensure that the application for continuing review is submitted as soon as possible;

4.4.2 In the event of a lapse in approval, the Researcher is responsible for notifying the HREB if there is a need to continue research-related medical treatment of current research participants for their safety and well-being. The Researcher should provide as much detail as possible about the proposed continued activities. The HREB Chair or designee will review the request as quickly as possible and discuss the proposed continued activities with the Researcher;

4.4.3 The Researcher must document the reasons for the lapse and identify the steps taken to prevent future lapses;

4.4.4 If the HREB approval lapses and the Researcher wants to continue with the research, the HREB will complete the review of the research as soon as possible and the Researcher may resume the suspended activities once approval of the research has been issued. The lapse in approval will be documented.

5.0 REFERENCES

See References.

6.0 REVISION HISTORY

SOP Code	Effective Date	Summary of Changes
SOP 405	November 14, 2019	Original version