



**Institutional Review Board**

University of Missouri-Columbia

Standard Operating Procedure

Noncompliance

## **Noncompliance**

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### **1.0 Purpose**

The purpose of this policy is to establish procedures for handling reports and findings of noncompliance.

### **2.0 Scope**

The SOP applies to all human subject research falling under the purview of the University of Missouri Institutional Review Board.

### **3.0 Policy/Procedure**

To demonstrate appropriate oversight of research activities and to comply with federal and state statutes, regulations, policies, guidelines, and applicable University policies and procedures, all reports of research non-compliance will be investigated. Reports of noncompliance will be directed to the appropriate IRB staff and to the IRB for investigation and corrective action.

#### **Required Reporting of Noncompliance**

All noncompliance must be reported to the IRB. The timing and type of reporting depends on the type of noncompliance. The MU IRB requires major noncompliance (defined below) be promptly reported to the IRB office within 5 business days. All other noncompliance needs to be

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reported during the annual review of the study, or if discovered during a monitoring visit, on the Monitoring Report Form.

Major Noncompliance: Major noncompliance are deviations that caused harm or have the potential to cause harm to research subjects or others, and have or may have affected subject's rights, safety, and/or welfare.

Major noncompliance must be reported within 5 business days on an Event Report in eCompliance. Shorter time frames are included in the Unanticipated Problems policy for unexpected and related or possibly related deaths. The report will need to include a summary of what happened, an analysis of why it happened, and an action plan describing the steps that have been/will be taken to prevent a recurrence.

When determining whether an event/deviation is major noncompliance, the definition must be considered and the totality of the circumstances.

Examples of major noncompliance may include (this is a guideline, not an exhaustive list):

1. A deviation resulting in an unanticipated problem. See Unanticipated Problems policy.
2. Enrollment of an ineligible subject causing potential for harm.
3. A subject withdrawn from a study because of potential harm caused by a deviation.
4. Breach of privacy and/or confidentiality.
5. Failure to appropriately obtain informed consent and/or HIPAA Authorization.
6. Deviations impacting the scientific integrity of the study.
7. Exceptions to an investigational product's administration plan. This would include missed dosing or dosing errors for drug studies.
8. Missing safety labs, procedures, or tests.
9. Human subject research conducted without IRB review or approval.
10. Implemented a substantive change(s) without prior IRB approval (unless noted below regarding emergency deviations).

Note: Emergency deviations are those occurring in an emergency situation, such as when a departure from the approved protocol is required immediately to protect the safety of a subject. In cases where there is not enough time to obtain IRB approval of the departure, it must be reported within 5 business days after the deviation occurred on the Event Report.

**Receiving Reports of Noncompliance**

1. Anyone inside or outside of the University community who has reason to believe that noncompliance with the HRPP/IRB policies and procedures occurred are required to report to the IRB. These reports, including protocol deviations,

complaints, or other concerns, will be accepted verbally or in writing. Reports of noncompliance may be sent to the IRB Chair, IRB members, IRB Staff, or Research Compliance Office.

2. Investigators reporting their own major noncompliance must submit the Event Report within 5 business days of becoming aware of the noncompliance. Reporting of noncompliance not falling under the definition of major noncompliance must be disclosed at annual review. If an investigator is unsure if noncompliance meets the definition of major, they should go ahead and submit an Event Report within 5 business days, or promptly contact the IRB office for direction.

### **Process for Handling Reports of Non-Compliance**

The Director, IRB Chair, or designee will review the report, upon receipt. The review is designed to determine whether major noncompliance occurred. The review may include review of files, literature, documents, or communication from the investigator and others.

If the issue was reported by someone outside of the research team, the investigator may be contacted by the Director or designee to discuss the issue and to receive additional information. If the Investigator does not provide a timely response, or offers an unsatisfactory explanation or corrective action plan, the IRB may ask the investigator to meet with the chair or attend an IRB meeting to discuss the issue. During the review, the IRB may impose restrictions to the research study until satisfactory answers are received by the investigator.

The IRB reserves the right to request any appropriate additional consultation and expertise to resolve noncompliance.

If it is determined noncompliance did not occur, no other actions are taken. The outcome of the review will be documented.

If major noncompliance occurred and an Event Report has not yet been submitted, the investigator will be asked to submit an Event Report with a Corrective Action Plan for board review. The investigator will be asked to submit this report within 5 business days.

If it is determined to be noncompliance but not major noncompliance, and it was not yet submitted, it will be requested to submit at continuing review time. It will be reviewed and processed according to the Annual Review of Research policy. If the noncompliance was incidentally submitted on an Event Report, it will be reviewed either administratively or at the expedited level depending on the evaluation and determination of the IRB office.

- If noncompliance (not major) was discovered during a monitoring visit (sponsor or MU monitoring), it may be reported on the Monitoring Report Form in eCompliance along with the corrective action plan instead of waiting to disclose on the annual update. The IRB staff will determine whether administrative or expedited review is appropriate based on the review level for the upcoming annual update.

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When Expedited Review is Allowed:

If the IRB Director, Chair or designee when reviewing the totality of the circumstances determine the major noncompliance is not potentially serious or continuing noncompliance, it may be reviewed at the expedited review level.

When Full Board Review is Required:

All incidences of noncompliance that could potentially be serious or continuing noncompliance will be presented to the IRB for a vote to determine whether the noncompliance was serious or continuing (or defer the decision to a future meeting pending receipt of additional information), and the results of the vote will be documented in the Minutes.

1. The Event Report is assigned to a primary reviewer by the IRB office.
2. The Event Report will be placed on the next available full board docket.
3. The investigator may be asked to attend the IRB meeting.
4. At a convened IRB meeting, the primary reviewer will present the issue. All IRB members will receive the Event Report, synopses of any communication between the IRB and the investigator, the last approved IRB application or continuing review, the approved consent, protocol, or any other pertinent information.
5. The IRB will determine whether the noncompliance resulted in serious or continuing noncompliance, and whether the corrective action plan is acceptable. See findings and possible actions below.
  - a. If the IRB requests additional information, it is referred back to the IRB office to obtain the requested information. An additional review by the IRB designee may be implemented if there is a need to gather more information about the extent or nature of the noncompliance to determine whether the noncompliance is serious or continuing. The information will be presented at the next available full board docket.

**Findings**

The results of an IRB review will be communicated in writing by the IRB chair or IRB designee to the Investigator (with a copy to the appropriate file).

**Not Serious and Not Continuing Noncompliance:** If it is determined by the IRB that the finding of noncompliance is not serious and not continuing, the investigator will be notified in writing with any board action(s).

**Serious and/or Continuing Noncompliance:** If it is determined by the IRB that the finding of noncompliance is serious and/or continuing, the investigation will be notified in writing with the board action(s). See Reporting below.

*See Definitions document that defines noncompliance, serious noncompliance, and continuing noncompliance.*

**Possible Actions May Include:**

1. No further action
2. Administrative Hold (in accordance with SOP on Suspension and Termination of IRB approval)
3. Suspension: Suspend enrollment or all research procedures for the specific research study in question (in accordance with SOP on Suspension and Termination of IRB approval)
4. Termination of the research; (in accordance with SOP on Suspension and Termination of IRB approval)
5. Require a response from the investigator with a modified corrective action plan
6. Initiate audits or research tracer team reviews of all or some part of the investigator's active protocols
7. Modification of the protocol
8. Modification of the information disclosed during the consent process
9. Additional information provided to past participants
10. Require a status report within a certain period.
11. Obtain more information pending final decision
12. Conference with other IRB's involved with the research
13. Require current participants re-consent to participation
14. Provide information to current participants whenever such information might relate to the participant's willingness to continue to part in the research
15. Monitoring of the research
16. Monitoring of the consent process
17. If the event is determined to be research misconduct, the event will be referred to the Research Integrity Officer (see Collected Rule below):

MU Collected Rules -420.010 Research Dishonesty  
[http://www.umsystem.edu/ums/rules/collected\\_rules/research/ch420](http://www.umsystem.edu/ums/rules/collected_rules/research/ch420)

If the Corrective Action Plan calls for any changes to the previously approved research, an Amendment Form must be submitted. See the Amendment SOP for more information about the Amendment process.

**Reporting**

All cases of noncompliance which the IRB determines to be serious or continuing will be reported according to the SOP on Reporting.

**VA Research and Reports of Noncompliance**

If the report of noncompliance involves VA research, the IRB Director and the VA R&D Human Research Compliance Officer will interact to review the report of noncompliance. The resolution of the issue will be discussed between all applicable parties. (See Truman VA Hospital Human Subject Research – Special Considerations SOP for further information.)

**References:**

Policy Revision Dates Prior to January 21, 2019:

December 12, 2005; December 24, 2009; June 10, 2010; July 1, 2011; March 1, 2015;  
July 1, 2015; June 8, 2017