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INSTITUTIONAL ETHICS COMMITTEE (IEC)

Ethics committee for biomedical and health research involving human participants

22.02.2022

STANDARD OPERATING PROCEDURE

Standard Operating Procedures for Institutional Ethics Committee, All India Institute of Ayurveda (AIIA), New Delhi

All India Institute of Ayurveda

Mathura Road, Gautampuri, Sarita Vihar, New Delhi – 110076

Standard Operating Procedures for Institutional Ethics Committee, All India Institute of Ayurveda (AIIA), New Delhi

STANDARD OPERATING PROCEDURE

Particulars	Name and designation	Signature
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PREFACE:

The Institutional Ethics Committee (IEC) established in 2017, is responsible for the scientific, ethical and regulatory oversight of researches conducted at All India Institute of Ayurveda, and serves to protect the rights and welfare of human subjects. Standard Operating Procedures (SOP) of IEC provide guidance to the members of IEC, Investigators, and other stakeholders involved in research. Adherence to these guidelines would help to promote and maintain the standards towards ethical conduct of research and protect the rights and well-being of research participants and communities. Various national and international bodies have developed and promulgated guidance documents for the ethical conduct of clinical research. The cornerstone of these ethical guidelines is that research should be subject to prior ethical review by a competent Institutional Ethics Committee. The present SOPs draw reference to these guidelines and documents and have been framed considering the variability in expertise, experience, training and capacity of IEC members at Tata Memorial Centre. A set of SOPs has been developed to maintain consistency in the process of review and continuous monitoring of research proposals by the IEC. The current set of revisions in the IEC SOPs has been made to update the existing SOPs, considering the changing laws, regulations, and guidelines for the conduct of medical research involving human participants as well as identifiable human material and data. All future revisions of the IEC SOPs will be made to reflect the changes in the national laws and guidelines and to keep pace with the international advances in the field of bioethics. The ultimate mandate of these SOPs will be to further the cause of conduct and adherence to the highest standards of human research.

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All India Institute of Ayurveda,
Mathura Road, Gautampuri, Sarita Vihar, New Delhi – 110076

1. INTRODUCTION; SHORT DESCRIPTION OF SOP:

The AIIA Ethics Committee (IEC) is responsible for the ethical review of all applications submitted by AIIA staff or external investigators. Through its composition and the inclusion of members with a variety of backgrounds, the IEC ensures, to the extent possible, consistency and completeness in ethical approval.

These Standard Operating Procedures (SOPs) provide a framework and guidance for the IEC, the Secretariat, and the investigators applying. They should be read in complement with other relevant documents such as the IEC Rules and Procedures.

The following may be called as "Standard Operating Procedures for the Institutional ethics committee)IEC(of All India Institute of Ayurveda, Sarita Vihar, New Delhi

2. ADOPTION OF SOP:

All India Institute of Ayurveda, Sarita Vihar, New Delhi hereinafter referred to as "AIIA" has adopted these written Standard Operating Procedures)SOP(to ensure the protection of the rights and welfare of human participants in biomedical and behavioral research conducted at AIIA.

3. OBJECTIVES OF SOP:

The objective of this Standard Operating Procedures of the Institutional ethics committee (IEC) of All India Institute of Ayurveda, Sarita Vihar, New Delhi is to maintain the effective functioning of the IEC-AIIA and to ensure quality and technical excellence and consistent ethical review of all the submitted health and biomedical research proposals and ongoing approved research studies involving human participants in accordance with the AYUSH/ ICMR ethical guidelines for biomedical research on human subjects.

4. AUTHORITY FOR CONSTITUTING THE IEC-AIIA:

The Director, AIIA will appoint the Chairperson and all the committee members based on their competence, experience and integrity by sending an official request letter (Annexure 1A & 1B). Members will confirm their acceptance to the by providing all the required information for membership (Annexure-2). The Chairperson will furnish any information through Director AIIA when required.

5. ROLE AND RESPONSIBILITIES OF IEC-AIIA:

The IEC-AIIA will review all types of research proposals involving human participants with a view to safeguard the dignity, rights, safety and wellbeing of all actual and potential research participants before approving the research proposals. The goals of research, however important, should never be permitted to override the health and well-being of the human participants.

The IEC-AIIA will ascertain whether all the cardinal principles of research ethics viz., Autonomy, Beneficence, Non-maleficence, Respect for Free and Informed Consent, Respect for Human Dignity, Respect for Vulnerable Persons, Respect for Privacy and Confidentiality and Justice are taken care of in planning, conducting and reporting of the proposed research. For this purpose, it will look into the aspects of protocol review, selection of participants, voluntary participation of potential participants, informed consent/ Accent process, risk-benefit ratio, distribution of burden and benefit, maintenance of privacy and confidentiality and provisions as per ICMR/ AYUSH guidelines. It will review the proposals before the commencement of the study as well as review them periodically until the completion of the study through appropriate well-documented procedures. Such a review may be based on the periodic study progress reports furnished by the investigators and/or monitoring and internal audit reports furnished by the Sponsor and/or by visiting the study sites.

The mandate of the IEC shall be to review all research projects to be conducted at the Institutes and concerned/related institutes involving human beings directly or indirectly, irrespective of whether the research project is funded or non-funded, and if funded, then irrespective of the funding agency.

IEC-AIIA will provide advice to the researchers on all aspects of the welfare and safety of the research participants after ensuring the scientific soundness of the proposed research.

In case IEC-AIIA revokes its approval accorded to a trial protocol, it will record the reasons for doing so and at once communicate such a decision to the Investigator as well as to the Licensing Authority.

In the case of the drugs not included in the Ayurveda classical texts will also be included in the research conducted at AIIA. If so, it has to abide by Rule 21(b) drug and Licensing Authority and should be incorporated in the IEC, SOP. Then it would be worthy to include approval as per Rule 21(b) of Drug and Licensing Authority.

In case of serious adverse event or death occurring to the clinical trial participant, the IEC-AIIA shall follow the Ayush GCP guidelines. [http://Ayush.gov.in/acts-rules-and-notifications/good-clinical-practice-guidelines-clinical trials-ASU-medicine].

6. COMPOSITION OF IEC-AIIA, AS PER AYUSH AND ICMR GUIDELINES:

IEC-AIIA will be a multidisciplinary and multi sectorial body in composition and independent. The number of members of the Review Board may range from 7 to 15.

The chairperson of the IEC will be from outside the Institution to maintain the independence of the Committee. The Member Secretary will belong to the same Institution and will conduct the business of the Committee. Other members will be a mix of medical / non-medical, legal, scientific and non-scientific persons and may also include members of public to reflect the different points of view.

There will be representation from either gender in the Committee to safeguard the interest and welfare of all sections of the society. Member should be aware of local, social and cultural norms, as this is an important social control mechanism. IEC may invite subject experts to take their views, whenever it is needed.

The IEC-AIIA will include

1. Chairperson -from outside the institute
2. One or more persons from basic medical science area (One pharmacologist compulsorily, one female member compulsory)
3. One or more clinicians
4. One legal expert or retired judge
5. One social scientist/ representative of non-governmental voluntary organization/agency
6. One philosopher/ ethicist/ theologian
7. One lay person (non-medical background) from the community
8. Member Secretary - from within the institute

7. REQUIREMENTS FOR IEC MEMBERSHIP:

1. All members will serve for a period of 3 years on renewable basis. New members will be included in the IEC in such a way that there will be a mix of recently included members and members with some years of experience.

2. During the term, Director in consultation with the Chairman can disqualify any member, if the contribution is not adequate and/or there is long period

(absent in consecutive three meetings without intimation) of non-availability.

3. A member can tender resignation of his/her office of membership from the IEC to the Director through the Chairperson after serving one-month advance notice and giving valid reasons in view of above-mentioned clauses.
4. Director can replace the member of IEC as and when required.
5. Each member is required to sign the declaration and confidentiality agreement regarding IEC activities (Annexure 2)
6. Conflict of interest should be declared by members of the IEC-AIIA prior to review meeting.
7. The Director can appoint a new member in consultation with chairperson in case of death of any member.

8. QUORUM REQUIREMENTS:

Minimum of 50% of committee strength and not less than 5 members are required to constitute the quorum for the meeting of which at least one member has to be from outside the institution, and one member will be a non-scientific member & one from opposite gender. All decisions will be taken in meetings and not by circulation of project proposals. Quorum will have 5 members including chairperson with following representations:

(a) Basic medical scientists (preferably one pharmacologist).
(b) Clinician
(c) Legal expert
(d) Social scientist / representative of non-governmental voluntary agency / philosopher / ethicist / theologian or a similar person
(e) Lay person from the community.

9. CONDUCT OF IEC-AIIA MEETINGS:

The Chairperson will conduct all meetings of the IEC-AIIA. In the absence of the Chairperson, an alternate Chairperson will be opted from the members by the members present, who will conduct the meeting. The Member Secretary is responsible for organizing the meetings, maintaining the records and communicating with all concerned. He/She will prepare the minutes of the meetings and get it approved by the Chairperson and circulate to all the members.

Alternate member secretory at equal level of expertise should be included. So that he/she can work in absence of member secretory of IEC.

10. INDEPENDENT CONSULTANTS:

The IEC-AIIA may call upon subject experts as independent consultants who may provide special review of selected research protocols, if need be. These experts may be specialists in ethical or legal aspects, specific diseases or methodologies, or represent specific communities, patient groups or special interest groups e.g., cancer patients, HIV/AIDS positive persons or ethnic minorities. They will be required to provide their specialized views but should not take part in the decision-making process which will be made by the members of the IEC-AIIA.

11. APPLICATION PROCEDURES:

a) OFFLINE MODE:

1. All proposals should be submitted **(after approval of IRB)** on any working day 6 weeks in advance of scheduled meeting in the prescribed application form, the details of which are included under "XII Documentation". The applicant may avail the SOP document from the Institutional Website http://www.aiia.gov.in
2. Three hard copies of proposal and one soft copy along with the application and documents in prescribed format duly signed by the Principal Investigator (PI) and Co-investigators/ Collaborators / Research Scholars/Chief Guide/Co-guide(s), forwarded through proper channel shall be submitted to member secretary IEC-AIIA. In his/her absence via any person nominated by Chairperson, receipt of the application will be acknowledged by the IEC office.
4. Every application will be allotted an IEC registration number to be used for all future correspondence and reference. The date of IEC meeting will be intimated to the PI to attend the meeting, to make a brief presentation (6-8 slides in IMRAD format) of the proposal, and to clarify the points raised by the members.
5. The decision of the committee on the proposal will be communicated in writing (IEC approval letter). If revision is to be made, the revised document in required number of copies should be submitted within a stipulated period of time as specified in the communication or before the next meeting.

6. All research proposals/clinical trials funded/sponsored by Pharmaceutical companies, Agencies, Multinationals etc. will be charged an administrative fee/ processing fee of 5%. The waive-off of these fees is permissible for non-funded studies, departmental studies, and studies funded by organizations like Ministry of AYUSH, ICMR, UGC, DST Government of India, State Science & Technology Department, UNICEF, WHO, USAID, Non-Profitable Organizations etc.

b) ONLINE MODE:
Soft copy the final synopsis to be submitted online by clicking the link provided on the website of AIIA. www.aiia.gov.in. Just need to follow the steps to submit the synopsis through proper channel. Submitting online does not require offline submission.

12. DOCUMENTATION:

All Research proposals (3 hard copies along with soft copy) shall be submitted along with the information and documents as specified in Annexure-3A, 3B and Annexure 5-7.

13. REVIEW PROCEDURES:

1. The meeting of the IEC will be held on periodic intervals, i.e., 2nd Thursday at the interval of every three months i.e July, October, Jan and April unless otherwise specified by the member secretary. Additional review meetings can also be held with short notice as and when required. Meetings will be planned in accordance with the need of the workload. Annual IEC meeting calendar will be prepared.
2. The proposals should be sent to the IEC at least 4 weeks in advance of scheduled meeting.
3. The IEC's member-secretary or secretariat shall screen the proposals for their completeness and depending on the risk involved categorize them into three types, namely, exemption from review, expedited review and full review (as described below).
4. Decisions will be taken by consensus after discussion, and not by circulation. whenever needed voting will be done. The decision of chairperson will be final.
5. Researchers will be invited to offer clarifications if needed. The PI / Research Scholar will then present the proposal in person in the meeting.

When the PI is not available due to unavoidable reasons the Co-PI will present the proposal. Only full review requires the presentation.

6. Independent consultants/experts will be invited to offer their opinion on specific research proposals if needed.
7. The decisions will be documented and Chairperson's approval will be taken in writing/mail.
8. Monitoring role of IEC in the PG and short-term research projects will be on the basis of the periodical safety reports submitted by PI and for Long term Research projects on the basis of interim review of the reports presented by PI before the committee meeting and it should be mentioned in the SOP under the Heading of Role & responsibilities of AIIA IEC.

13.1 EXEMPTION FROM REVIEW BY IEC:

Proposals which present less than minimal risk fall under this category as may be seen in following situations:

- Research on educational practices such as instructional strategies or effectiveness of or the comparison among instructional techniques, curricular, or classroom management methods.

Except:

- When research on use of educational tests, survey or interview procedures, or observation of public behavior can identify the human participant directly or through identifiers, and the disclosure of information outside research could subject the participant to the risk of civil or criminal or financial liability or psychosocial harm.
- When interviews involve direct approach or access to private papers.

13.2 EXPEDITED REVIEW:

- The proposals presenting no more than minimal risk to research participants may be subjected to expedited review. The Member- Secretary in consultation with Chairperson of the IEC and designated member of the Committee may take decision in these cases.
- Expedited review may also be taken up for nationally relevant proposals requiring urgent review.

13.3 FULL REVIEW:

All research proposals/ protocols, which do not qualify for exempted or expedited review and projects that involve vulnerable population and special groups, shall be subjected to full review by all the members.

While reviewing the proposals, the following situations may be carefully assessed against the existing facilities at the research site for risk/benefit analysis, privacy and integrity of the subjects

a. Collection of blood samples by finger prick, heel prick, ear prick, or venipuncture:

i. From healthy adults and non-pregnant women who weigh normal for their age and not more than 500 ml blood is drawn in an 8-week period and frequency of collection is not more than 2 times per week;

ii. From other adults and children, where the age, weight, and health of the participants, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected has been considered and not more than 50 ml or 3 ml per kg body weight whichever is lesser is drawn in an 8-week period and not more than 2 times per week.

iii. From neonates depending on the hemodynamics, body weight of the baby and other purposes not more than 10% of blood is drawn within 48-72 hours. If more than this amount is to be drawn it becomes a risky condition requiring infusion/blood transfusion;

iv. Prospective collection of biological specimens for research purposes by non-invasive means. For instance:

1. Skin appendages like hair and nail clippings in a non-disfiguring manner;
2. Dental procedures - deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction of permanent teeth; supra and sub-gingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth;
3. Excreta and external secretions (including sweat);

4. Un-cannulated saliva collected either in an unstimulated fashion or stimulated by chewing gum or by applying a dilute citric solution to the tongue;
5. Placenta removed at delivery;
6. Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
7. Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
8. Sputum collected after saline mist nebulization and bronchial lavages.
9. Excretory fluids during Panchakarma /para-surgical procedures

b. Collection of data through non-invasive procedures routinely employed in clinical practice. Where medical devices are employed, they must be cleared/ approved for marketing, for instance
   i. physical sensors that are applied either to the surface of the body or at a distance and do not involve the following
   ii. Input of significant amounts of energy into the participant or an invasion of the participant's privacy;
   iii. Weighing or testing sensory acuity; iii. Magnetic resonance imaging;
   iv. Electro-cardiography, echo-cardiography; thermography; Electro-encephalography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow,
   v. Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

c. Research involving clinical materials (data, documents, records, or specimens) that will be collected solely for non-research (clinical) purposes.

d. Collection of data from voice, video, digital, or image recordings made for research purposes.

e. Research on individual or group characteristics or behavior not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

14. ASPECTS CONSIDERED DURING REVIEW OF RESEARCH PROPOSAL

1. Scientific design and conduct of the study.
2. Approval by appropriate scientific review committee / Research committee (IRB AIIA), if any.
3. Examination of predictable risks/harms
4. Examination of potential benefits.
5. Procedure for selection of subjects including inclusion/exclusion, withdrawal criteria and other issues like advertisement details.
6. Management of research-related injuries, and adverse events.
7. Justification for placebo in control arm, if any
8. Availability of products, benefits to subjects after the study is completed if applicable.
9. Patient information sheet, informed consent/Accent form in English and in local languages.
10. Protection of privacy and confidentiality.
11. Involvement of the community, wherever necessary
12. Plans for data analysis and reporting.
13. Adherence to all regulatory requirements and applicable guidelines.
14. Competence of investigators, research and supporting staff.
15. Facilities and infrastructure of study sites.
16. Criteria for withdrawal of patients, suspension or premature termination of a study in AIIA.

15. DECISION-MAKING

1. Members will discuss the various issues before arriving at a consensus decision. When consensus is not arrived at the decision will be made by voting procedure.

2. A member should withdraw from the meeting during the decision procedure concerning an application where a conflict of interest arises and this should be indicated to the chairperson prior to the review of the application and recorded in the minutes.
3. Decision will be made only in meetings where quorum is complete.
4. Only the members can make the decisions. The expert consultants will only offer their opinions.
5. Decision may be to approve, reject or revise the proposals. Specific suggestions for modifications and reasons for modifications and reasons for rejection will be stated.
6. In cases of conditional decisions, clear suggestions for revision and the procedure for having the application revised will be specified.
7. Modified proposals will be reviewed by an expedited review through identified members.
8. Procedures for appeal by the researchers will be clearly defined.

16. COMMUNICATING THE DECISION:

1. Decision of the meeting on the proposals will be communicated by the Member Secretary/secretariat in writing to the PI / Research Scholar within two weeks after the meeting at which the decision was taken in the specified format. All the approvals will be valid for two years or for the duration of the project whichever is less.

2. The communication of the decision will include:
    a. Name and address of IEC.
    b. The date, place and time of decision.
    c. The name and designation of the applicant.
    d. Title of the research proposal reviewed.
    e. The clear identification of protocol no., version no., date, amendment no., date.
    f. Along with protocol, other documents reviewed- Clear description of these documents along with Version No. and Date.

g. List of EC members who attended the meeting- clear description of their role, affiliation and gender.

h. A clear statement of decision reached.

i. Any advice by the IEC to the applicant including the schedule / plan of ongoing review by the AIIA- IEC

j. In case of conditional decision, any requirement by IEC, including suggestions for revision, and the procedure for having the application re-reviewed.

k. In case of rejection of the proposal, reason(s) for the rejection will be clearly stated.

l. Signature of the member secretary with date.

17. FOLLOWING UP PROCEDURES FOR APPROVED PROPOSALS BY PI / SPONSOR:

1. IEC will review the progress of all the studies for which a positive decision has been reached from the time of decision till the termination of the research.
2. Progress of all the research proposals will be followed at a regular interval of at least once a year. But in special situations, IEC will conduct the follow up review at shorter intervals basing on the need, nature and events of research project.
3. Periodic status report of study should be submitted at prescribed intervals for review, along with information and documents as specified in Annexure-4A, 4B 4C & 7 based on the safety concerns and this prescribed interval should be specified in the Letter of Communication of Decision to the PI from the IEC.
4. Final report should be submitted at the end of study to IEC AIIA
5. Following instances and events will require the follow-up review/ Renewed Approval:

    a. Any protocol amendment likely to affect rights, safety or well-being of research subject of conduct of study.

b. Serious or unexpected ADR related to study or product, action taken by Investigator, Sponsor and Regulatory Authority.

c. Any event or information that may affect the benefit/risk ratio of the study.

6. Protocol deviation, if any, should be informed with adequate justifications.

7. Any new information related to the study should be communicated.

8. Premature termination of study shall be notified with reasons along with summary of the data obtained so far.

9. Change of investigators/sites must be informed to the office of IEC.

10. Monitoring: Oversight mechanism will be in place to monitor the approved studies. Actual site visits can be made especially in the event of reporting of adverse events or violations of human rights and appropriate action will be taken when required and communicated to the applicant indicating modification/suspension/termination /continuation of the project. In case the IEC desires so, reports of monitoring done by the sponsor and the recommendations of the DSMB (Data Safety Management Board) may also be sought.

11. Applicant must inform the time of completion of study and must send the result summary to IEC. IEC must receive a copy of final summary of study completed from the applicant.

18. SPONSOR/INVESTIGATOR:

Responsibilities of Sponsor

(i) The clinical trial Sponsor is responsible for implementing and maintaining quality assurance systems to ensure that the clinical trial is conducted and data generated, documented and reported in compliance with the protocol and Good Clinical Practice (GCP) Guidelines issued by ministry of Ayush, Government of India as well as with all applicable statutory provisions. Standard operating procedures should be documented to ensure compliance with GCP and applicable regulations.

(ii) Sponsors are required to submit a status report on the clinical trial to the Licensing Authority at the prescribed periodicity.

(iii) In case of studies prematurely discontinued for any reason including lack of commercial interest in pursuing the new drug application, a

summary report should be submitted within 3 months. The summary report should provide a brief description of the study, the number of patients exposed to the drug, dose and duration of exposure, details of adverse drug reactions (Annexure 8), if any, and the reason for discontinuation of the study or non-pursuit of the new drug application;

(iv) The sponsor (whether a pharmaceutical company or an institution) or his representative, whosoever had obtained permission from the Licensing Authority for conduct of the clinical trial, shall submit details of compensation provided or paid for clinical trial related injury or death, to the Licensing Authority within thirty days of the receipt of the order of the Licensing Authority.

Responsibilities of the Investigator(s)

(i) The Investigator(s) shall be responsible for the conduct of the trial according to the protocol and the AYUSH GCP Guidelines. Standard operating procedures are required to be documented by the investigators for the tasks performed by them. During and following a subject's participation in a trial, the investigator should ensure that adequate medical care is provided to the participant for any adverse events. Investigator(s) shall report all serious and unexpected adverse events as per the Ayush GCP guidelines. The sponsor or his representative, whosoever had obtained permission form the licensing authority for conduct of the clinical trial, and the ethics committee that accorded approval to the study protocol, within twenty-four hours of their occurrence. The report of the serious adverse event of death, after due analysis shall be forwarded by the investigator to Chairman of the ethics committee with a copy of the report to the head of the institution where the trial has been conducted within ten calendar days of occurrence of the serious adverse event of death. The report of the serious adverse event other than death, after due analysis shall be forwarded to the Licensing Authority as per the AYUSH GCP guidelines and the Chairman of the Ethics Committee and the Head of the Institution where the trial has been conducted within ten calendar days of occurrence of the serious adverse event.

(ii) The investigator shall provide information to the clinical trial subject through informed consent process as provided as per the Ayush GCP guidelines about the essential elements of the clinical trial.

19. RECORD KEEPING AND ARCHIVING AT THE OFFICE OF AIIA - IEC:

1. All the documents and communications of IEC will be dated, filed and archived in a secure place.
2. Only the member secretary or persons, who are authorized by the Chairman of IEC will have the access to the various documents.
3. All the documents related to research proposals will be archived for a minimum period of 3 years in the Institute, following the completion /termination of the study.
4. No document (except agenda and minutes) will be retained by any IEC member.
5. At the end of each meeting, every member must discard the soft copies of research proposals and documents.
6. Following documents will be filed and archived with proper label on the top of file for easy identification
    a. Constitution and composition of IEC-AIIA
    b. Curriculum Vitae (CV) of all members of IEC-AIIA with records of training in Human ethics if any.
    c. Standard Operating Procedures of IEC-AIIA.
    d. Annual reports
    e. A record of all income and expenses of the IEC, including allowances and reimbursements made to the secretariat and EC members;
    f. The published guidelines for submission established by the IEC.
    g. Copy of all study protocols with enclosed documents, progress reports, and SAEs.
    h. Agendas and Minutes of all IEC meetings duly signed by the Chairperson / Member secretary.
    i. Copy of all existing relevant national and international guidelines on ethics and laws along with amendments.
    j. Copy of all correspondence with members, Principal Investigators and other regulatory bodies.

k. Record of all notification issued for premature termination of a study with a summary of the reasons;

l. Final report of the approved projects, including microfilms, CDs and Video recordings.

20. IEC: UPDATING IEC-AIIA MEMBERS:

1. All relevant new guidelines should be brought to the attention of the members.

2. The IEC members should be encouraged to keep abreast of all national and international developments in ethics through orientation courses on related topics by its own members or regular training organized by constituted body/ bodies, so that they become aware of their role and responsibilities. For drug trial review it is preferable to train the IEC members in Good Clinical Practice. Any change in the regulatory requirements should be brought to their attention and they should be aware of local, social and cultural norms, as this is the most important social control mechanism. This is needed for maintaining quality in ethical review.

21. TERMS OF REFERENCE:

Terms of reference will be maintained in the office of IEC-AIIA. This includes

A. Membership Requirements
B. Terms of Appointment with reference to the duration of the term,
C. The policy for removal, replacement, resignation procedure,
D. Frequency of meetings, and
E. Payment of processing fee to the IEC for review, honorarium/ consultancy to the members/ invited experts etc.

The SOPs will be updated periodically based on the changing requirements. The term of appointment of members could be extended for another term and a defined percentage of members could be changed on regular basis. Preferably, IEC would appoint persons trained in bioethics or persons conversant with ethical guidelines and laws of the country. Substitute member may be nominated if meetings have been continuously missed by a member due to illness or other unforeseen circumstances.

22. ADMINISTRATION AND MANAGEMENT:

A full-time secretariat and space for keeping records is required for a well-functioning IEC. The members could be given a reasonable compensation for the time spared for reviewing the proposals. Reasonable fees can be charged to cover the expenses related to review and administrative processes for any third party (protocols submitted by researchers not employed by AIIA) submission as described in section XI Point No 6. There should be provision for allocating reasonable amount of funds for smooth functioning of the IEC.

23. SPECIAL CONSIDERATIONS/ PROTECTION OF VULNERABLE POPULATION:

While all the above requirements are applicable to biomedical research as a whole irrespective of the specialty of research, there are certain specific concerns pertaining to specialized areas of research which require additional safe guards / protection and specific considerations for the IEC to take note of. Examples of such instances are research involving children, pregnant and lactating women, vulnerable participants and those with diminished autonomy besides issues pertaining to commercialization of research and international collaboration. The observations and suggestions of IEC will be given in writing in unambiguous terms in such instances. ICMR guidelines as applicable will be followed for protection of vulnerable population.

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