



THE AGA KHAN UNIVERSITY

# Development and Implementation of a Monitoring Tool

**24<sup>th</sup> International FERCAP Conference 2024**

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# Disclosure Statement

I have no conflict of interest to declare

# About Me



## **Dr Robyna Irshad Khan**

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Associate Professor, Anaesthesiology

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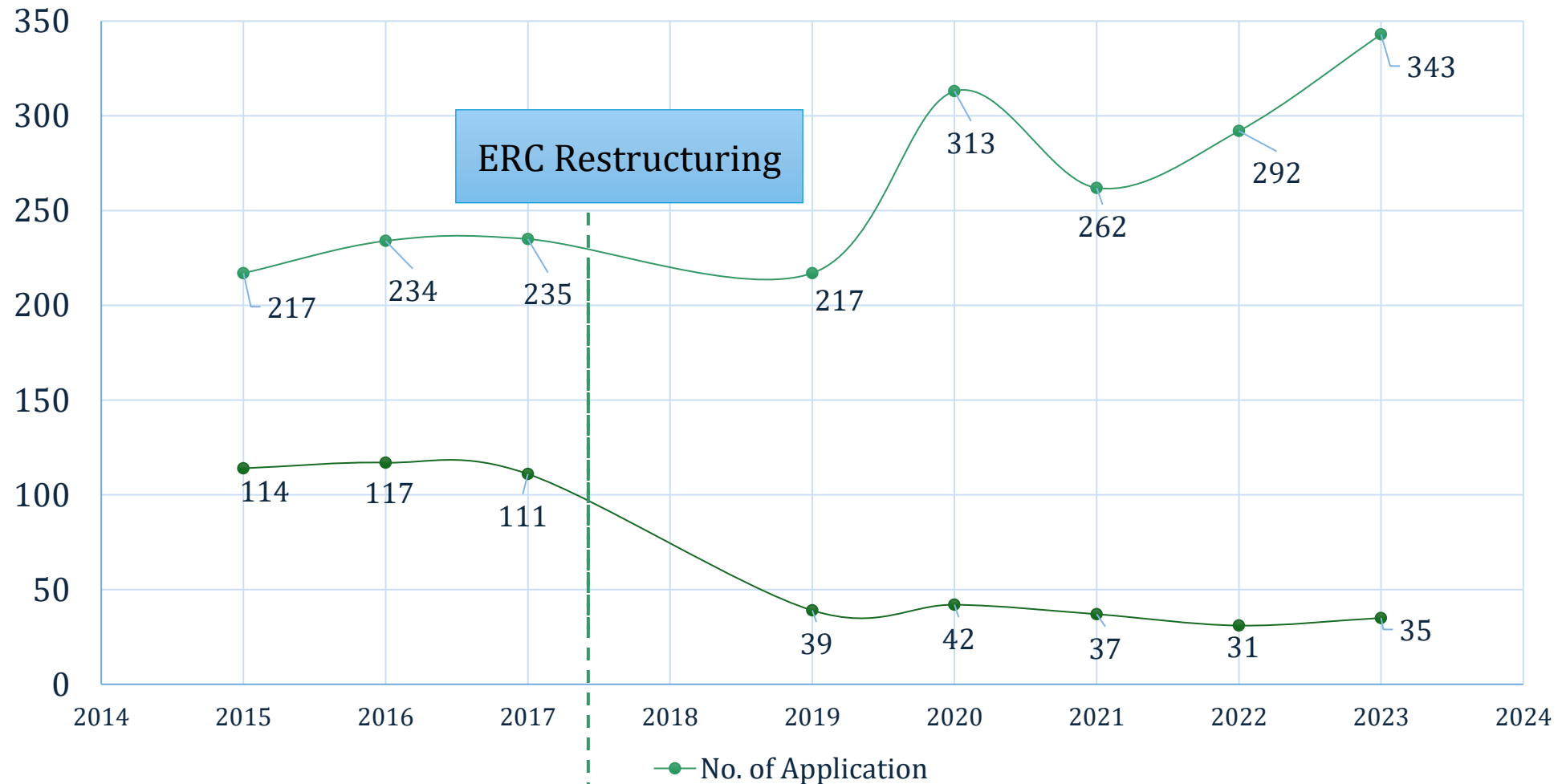
Areas of Interest: Pain management, Regional anesthesia, Clinical ethics, Research ethics, Ethics education, Allied health professionals' training and education



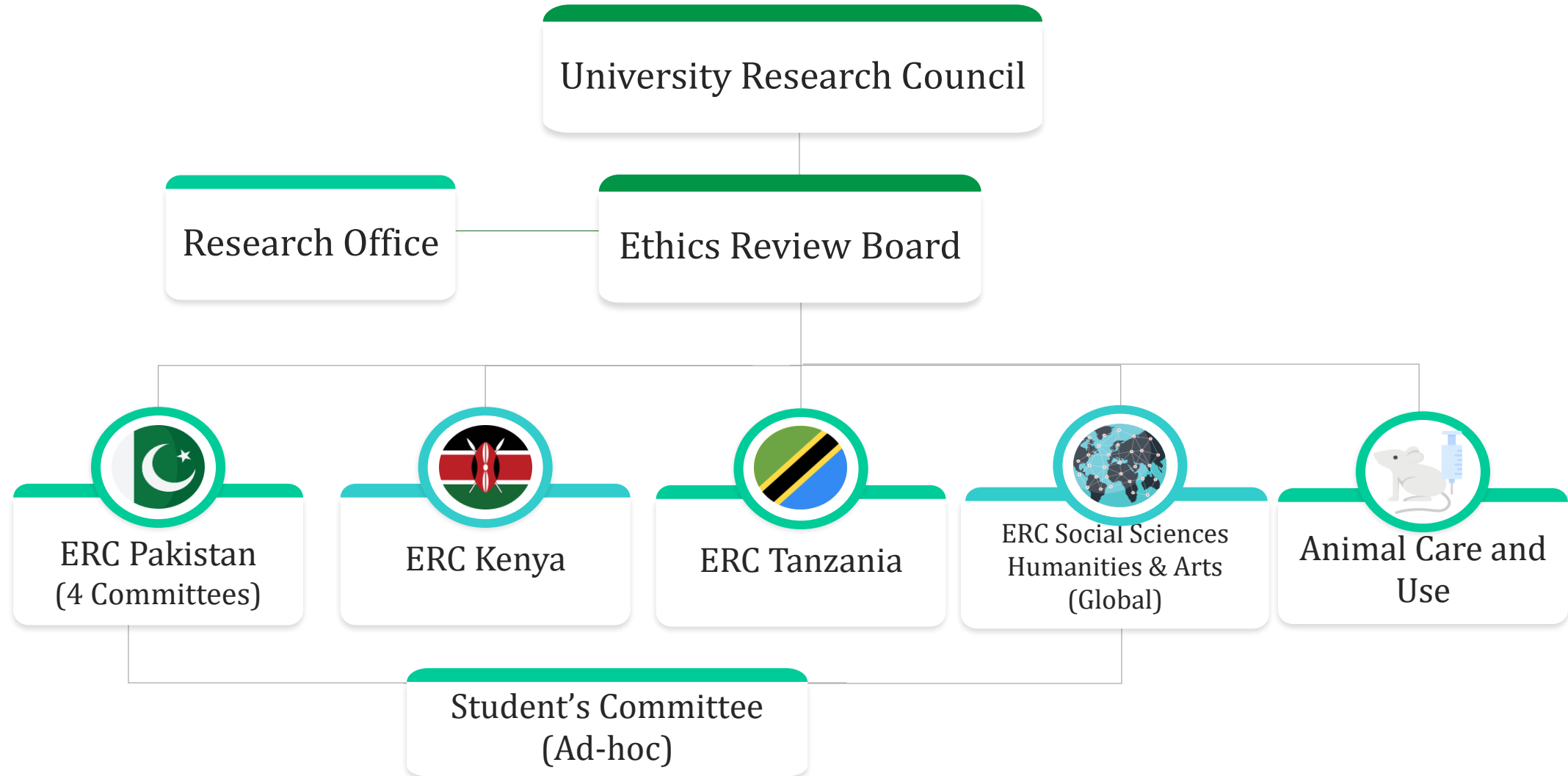
- Founded in 1983 as Pakistan's first private university
- It is a not-for-profit institution
- The University is now expanded to Kenya, Tanzania, Uganda, Afghanistan, and the United Kingdom
- AKU is the largest private health-care providers in Pakistan and East Africa
- The mission of the University is to improve the quality of life in the developing world and beyond through world-class teaching, research, and health-care delivery
- <https://www.aku.edu/Pages/home.aspx>



# ERC – Faculty of Health Sciences – Applications for Full Review (No of Applications & Time to Approval)



# Multi-tiered Ethics Review System





## Ethics Review Board

- Is an AKU wide body responsible for policy-making, governance, oversight of the ethics review process across AKU and for hearing of appeals.
  - All the ERCs report to the ERB through their respective chairs.
- The ERB has devolved the power to approve ethics clearance to ERCs
  - To ensure quality and due diligence in the review process, the ERB reviews a randomised selection of applications approved by the ERCs

# Monitoring of Ethical Compliance of Research

- Research quality and benefits critically depend on maintaining research integrity
- A monitoring tool was developed in 2019 to audit the ethical compliance of ongoing research involving human participants
- The objective of developing a monitoring tool was to ensure that research protocols and processes adhere to sound, accurate, and honest methods while upholding ethical principles and practices



# The Aims



Evaluate the feasibility of monitoring ethical compliance and propose strategies to enhance it.



Identify gaps and areas for improvement in the processes.



Develop and test monitoring framework of ethics compliance and research integrity.



Safeguard the rights and welfare of research participants.



Reinforcement of the institution's ethical standards governing all research aspects.

# Methodology: Development of Monitoring Tool

- A comprehensive review of international GCP
- Developed a logical framework and monitoring tool for ethical compliance in health research

- Comprehensive coverage of ethics in health-related research
- Identification of action points and key indicators for pilot monitoring

- Incorporation of the action points and key indicators in the tool

# Methodology: On-site Monitoring

- Desk review of approved and active research
- Research site review for monitoring
- Monitoring of only ethical aspects

- 20% of the research projects from active research studies are selected.
- Randomised selection of Hospital-Based, Community Based and Population-Based projects

- Observations from the visit

# Methodology: Components of the Tool

Compliance with ERC regulations

Qualification of the researcher and team

Responsibilities of the researcher and team

Consent and Data collection forms



**Indicators**

Recruitment and consent process

Integrity and safety of the data

Internal monitoring mechanism of the study

Any other issues related to biosafety measures



# Methodology: On-site Monitoring

## Observations During the Visit

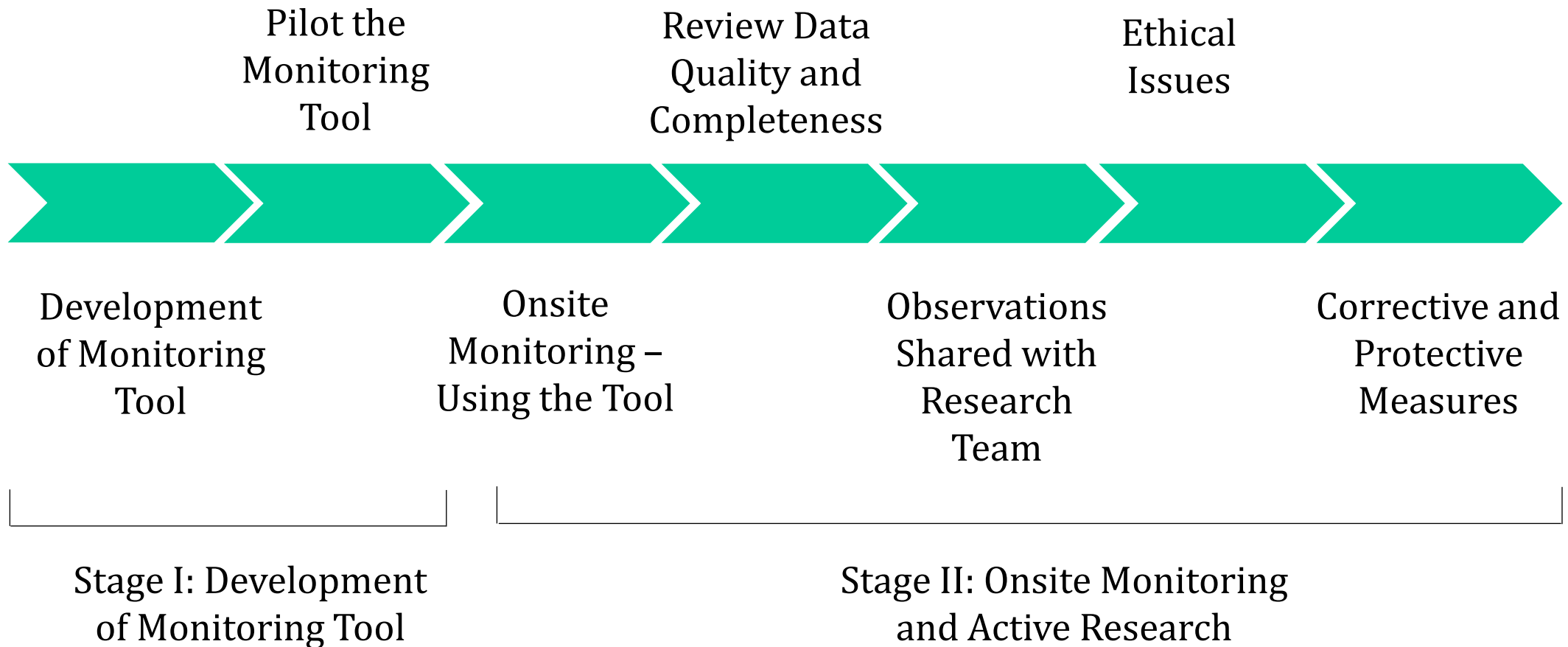
- Meeting with the researcher and team
- Review all the relevant Files/Data. Compare a sample of the collected study data to information in the source documents and ensure that it is verifiable and to check for discrepancies
- If required, meet human participants
- Observe the process of informed consent
- All the observations and findings are documented
- Asking members of the research team for answers to questions, e.g.
  - i. How is the study conducted?
  - ii. What is the recruitment process?

# Methodology: On-site Monitoring

## After the visit

- Formalize report - Compile a written report suggesting the following
  - Corrective actions
  - Preventive actions
  - Timeline
- The report is shared with the research team and relevant stakeholders

# Stages of Development and Implementation



# Methodology: Monitoring Tool

[Monitoring Tool.pdf](#)



# Findings

## Initial Observations

- Major and minor ethical concerns
- Protocol deviations were identified
- Corrective measures are suggested and their implementation ensured

## Progress Since Initial Observations

- Gradual decline in ethical non-compliance
- Enhanced understanding and implementation of research policies
- Improved overall research ethics practice

# Monitoring Observations (Pilot Phase 2019)

- The translated consent form was not submitted to ERC/IRB. (1 case)
- Proper indexing and filing was missing; researchers were unaware of the available indexing tools. (5 cases)
- ERC/IRB reports were unavailable in the on-site Master file/folder.
- AE/SAEs were reported on hospital forms. Logs were not maintained or available at research sites.
- Researchers/research staff were unaware of the institutional training resources.
- Minor amendments in the protocol made after the ERC/IRB approval were not submitted subsequently to ERC for re-approval. (2 cases)

# Monitoring Observations (2019-2023)

## 2019-2020

- 45% of studies had NBC approval, rest did not apply for NBC approval.
- Unapproved ICF translation
- Indexing and filing issues
- Missing ERC reports in Masterfile
- AE/SAEs log not maintained
- Lack of clarity on AE/SAE and unanticipated problems
- Lack of awareness of training resources
- Unapproved protocol amendments

## 2021

- Major observations in 5% of monitored studies
- Minor observations in 69% of studies
- Missing CMO approval
- Incomplete ICFs (Missing signatures of person obtaining consent, witness section, and research subjects)
- Unapproved protocol amendments
- Research activity continued during ERC lapse.

## 2022

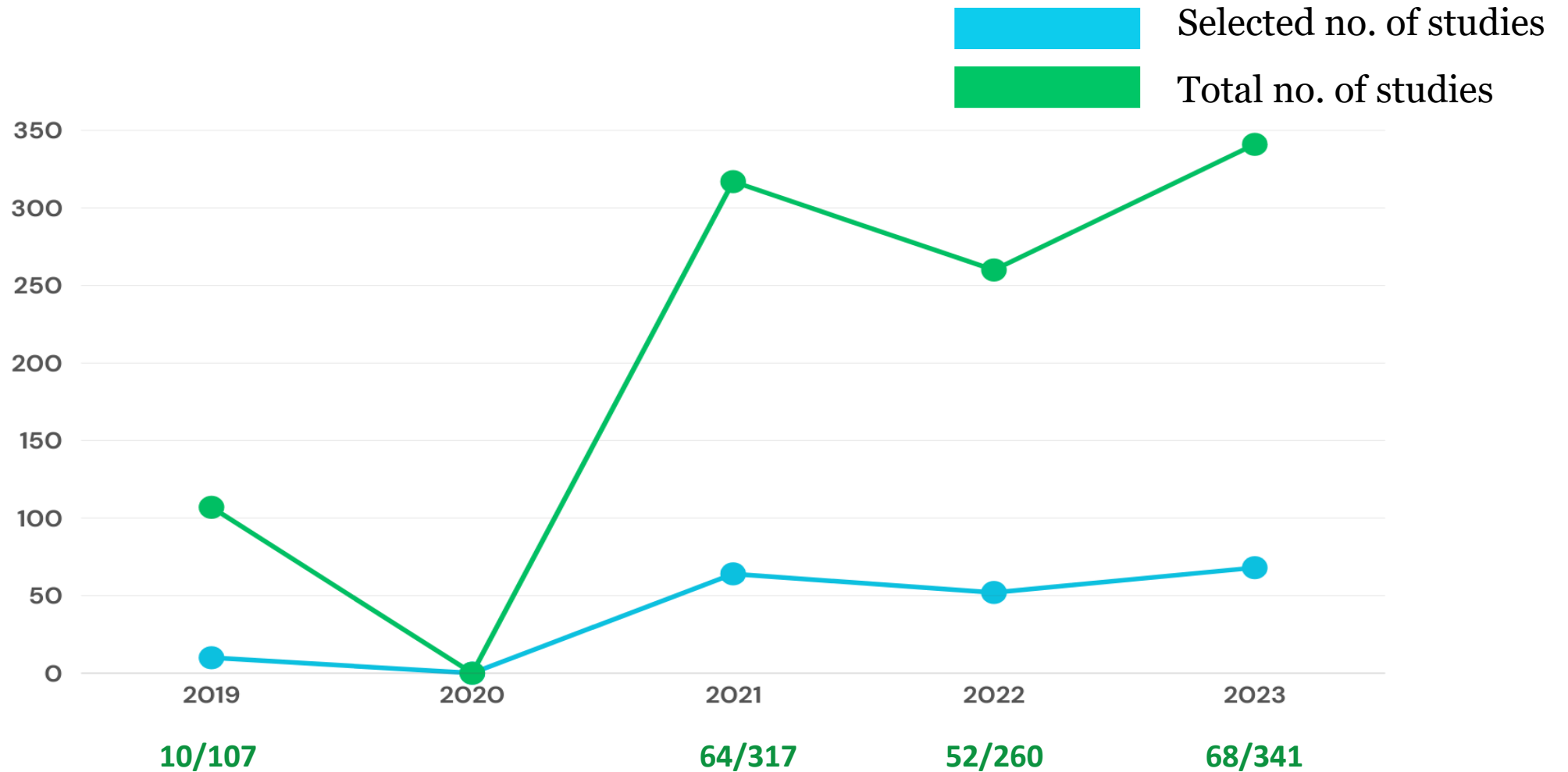
- Major observations in 6% (3/52) of the monitored studies
- Minor observations and ethical concerns in 29% (15/52) studies
- Lack of awareness of GCP training requirement

## 2023

- No major or minor observations reported in 63% (43/52) of studies
- Minor observations in 37% (25/68) of studies
- Incomplete data (ICF and Questionnaire)
- Consent copy not given to participants
- Unreported amendments to ERC
- Lapsed ERC approval

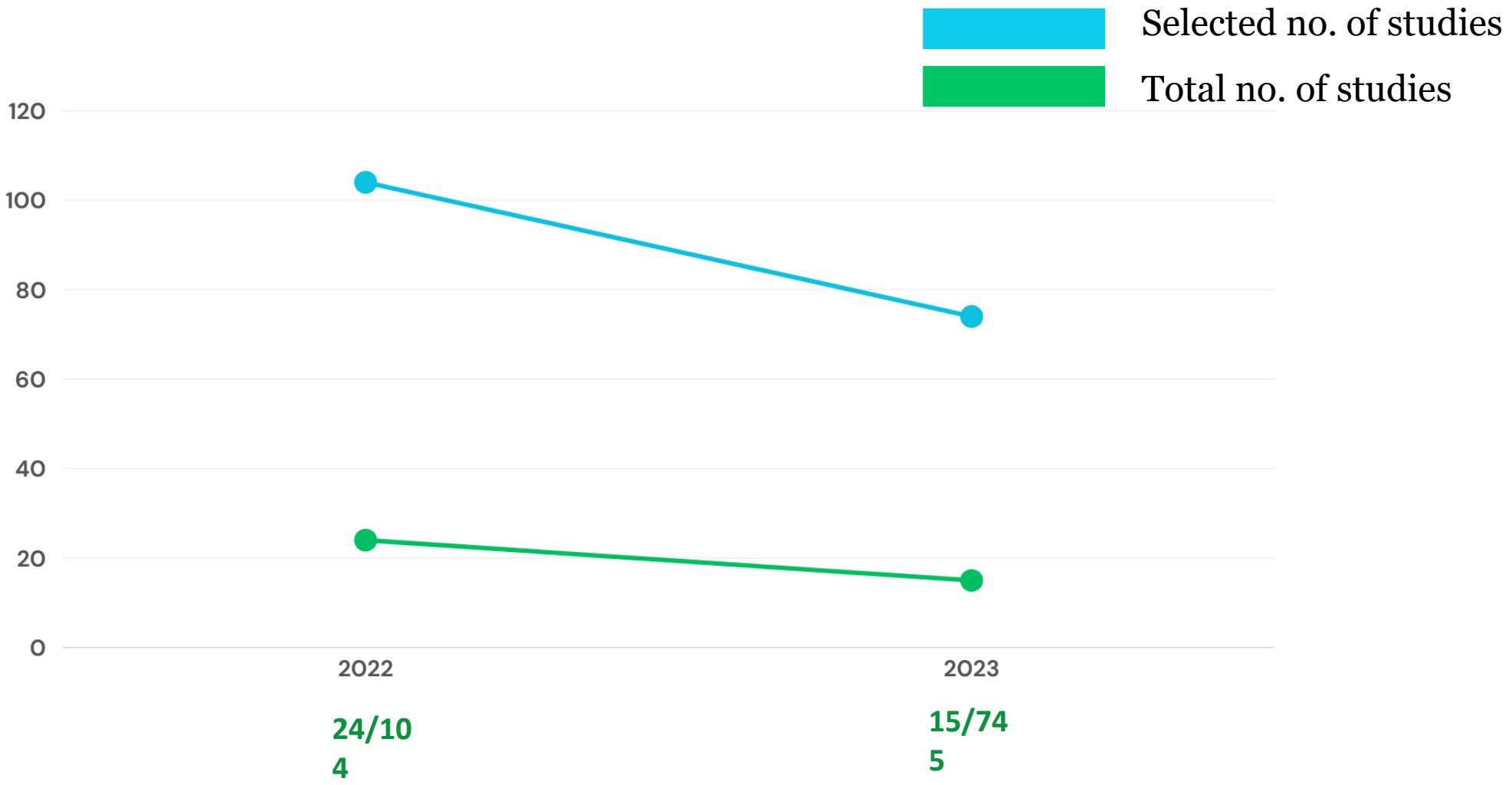
ICF = Informed consent form; NBC = National Bioethics Committee; CMO = Chief Medical Officer; ERC = Ethics Review Committee; AE/SAE = Adverse events/Serious adverse events

# MECR – FHS





# MECR – Kenya



# Conclusion

- Implementation of monitoring tool led to significant improvement in compliance and adherence to ethical standards.
- Corrective actions were taken by researchers for minor issues.
- Positive shift in attitude towards awareness of ethical issues and compliance.

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