# Western S Research

SOP Title	Management of Office of Research Ethics Staff
Number.Version	104.004
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#### Approvals

Name and Title of Signatories	Signature	Date mm/dd/yyyy
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Chair, Health Sciences Research Ethics	Mench	27 Jan 2022
Board		

# 1. PURPOSE

The purpose of this standard operating procedure (SOP) is to describe the overall management of the Office of Human Research Ethics (OHRE) staff.

# 2. GENERAL POLICY STATEMENT

OHRE staff provides consistency, expertise and administrative support to the Health Sciences Research Ethics Board (HSREB), and serve as a daily link between the REB and the research community. OHRE staff are vital to ensuring the efficient and effective administration and enforcement of REB decisions, thus the highest level of professionalism and integrity is expected.

#### 3. **RESPONSIBILITY**

This SOP applies to the HSREB Chair, vice-chair(s), and Director, Research Ethics and Compliance.

The Director, Research Ethics and Compliance is responsible for determining staffing requirements and for hiring and evaluating the ongoing performance of OHRE staff in accordance with the Human Resource policies of the University of Western Ontario (UWO).

UWO shall provide sufficient resources (e.g., staffing, office space, meeting space, educational funding, computer hardware and software) to adequately support the functions of the HSREB

#### 4. **DEFINITIONS**

See Glossary of Terms

# 5. SPECIFIC POLICIES AND PROCEDURES.

#### 5.1. Job Descriptions

- 5.1.1. The Director, Research Ethics and Compliance or designee is responsible for establishing the role requirements for the OHRE staff, in accordance with UWO human resource (HR) policies and procedure;
- 5.1.2. The Director, Research Ethics and Compliance or designee will provide each OHRE staff member with a copy of their Role Profile, and access to UWO HR policies and procedures.

#### 5.2. Hiring and Terminating REO staff

5.2.1. The Director, Research Ethics and Compliance is accountable for the recruitment, hiring, and termination of OHRE staff, in accordance with UWO HR policies and procedures.

### 5.3. Delegation of Authority or Responsibility

5.3.1. The HSREB Chair may formally delegate appropriate tasks or responsibilities to an OHRE office staff member if the staff member has the expertise to carry out the task(s), the task is compliant with the HSREB SOPs and the task delegation has been agreed to by both the staff member and the Director, Research Ethics and Compliance.

#### 5.4. Performance Evaluations

- 5.4.1.Performance feedback will be provided on an ongoing basis,
- 5.4.2. The Director, Research Ethics and Compliance is responsible for conducting performance evaluations of OHRE staff in accordance with UWO resource (HR) policies and procedures;
- 5.4.3.Input from the research community, office colleagues, HSREB members including the HSREB Chair and/or HSREB Vice Chairs may be gathered as part of the performance evaluation process.

#### 5.5. Documentation

5.5.1. The Director, Research Ethics and Compliance or designee will follow UWO policies and procedures for identifying, documenting and retaining formal staff interactions (such as performance reviews, termination procedures).

#### 5.6. Periodic Evaluation of OHRE Human Resource Needs

- 5.6.1. The Director, Research Ethics and Compliance or designee shall conduct a periodic evaluation of the adequacy of the OHRE resources;
- 5.6.2. The evaluation will assess whether the OHRE staffing, equipment, finances and space are adequate to carry out its function in support of OHRE and REB;
- 5.6.3. The Director, Research Ethics and Compliance discusses the need for additional resources with Western Research senior leadership (e.g., Executive Director, Vice President (Research)) as appropriate;
- 5.6.4. The Director, Research Ethics and Compliance will submit an annual report to the Vice President (Research) for reporting to the UWO Board of Governors.

#### 6. **REFERENCES**

- 6.1. OHRE Staff job descriptions
- 6.2. The University of Western Ontario's Human Resource Policies and Procedures.

# 7. SOP HISTORY

SOP Number.Version	Key Changes	Effective Date mm/dd/yyyy
104.001	Original	05/22/2014
104.002	Minor Administrative Changes	05/10/2016
104.003	Minor Administrative Changes	09/06/2018
104.004	Minor Administrative Updates	01/27/2022