

	Peregrine Eye and Laser Institute Institutional Review Board
PELI-IRB-SOP-23-06-2026	SOP 23 Conduct of IRB Meeting
Version No. 6	
Approval Date: March 9, 2026	
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SOP 23 Conduct of IRB Meeting

I. Policy

The PELI-IRB shall conduct meetings in a structured, fair, and orderly manner to ensure independent ethical deliberation, compliance with quorum requirements, and valid decision-making for the protection of research participants.

1. Meetings shall follow approved agendas, applicable SOPs, and ethical standards to ensure adequate discussion and resolution of all matters.
2. Meetings shall proceed only when quorum requirements are met, including required scientific and non-scientific members.
3. Deliberations shall be free from undue influence, with proper management of conflicts of interest. Reviews shall promote protection of participant rights, safety, welfare, and ethical and scientific integrity.
4. Decisions shall be made through collective deliberation and documented voting, whether conducted in person or online.
5. Proceedings, decisions, and required actions shall be accurately documented as part of official IRB records.
6. Only IRB members who are present, without conflict of interest, and part of the quorum shall deliberate and vote. Independent consultants and guests may provide input but shall not participate in decision-making.

POLICY ON CONDUCT OF ONLINE / VIRTUAL IRB MEETINGS

The PELI-IRB may conduct meetings through online or virtual platforms (e.g., Zoom) when in-person meetings are not feasible or when deemed appropriate by the IRB Chair. Online meetings shall be conducted in a manner that ensures:

- a. real-time interaction among members;

- b. ability of members to hear, see, and participate in deliberations; and
 - c. preservation of confidentiality and data security.
2. Attendance and quorum for online meetings shall be verified verbally and/or visually at the start of the meeting and recorded by the Staff Secretary. The Chair shall ensure that:
 - a. only authorized participants are present;
 - b. conflicts of interest are declared and managed; and
 - c. recused members are excluded from relevant discussions and votes (e.g., by temporary removal from the virtual room).
3. Voting during online meetings may be conducted through:
 - a. verbal voting,
 - b. electronic polling, or
 - c. other secure methods approved by the Chair, provided that voting outcomes are clearly recorded.
4. Recording of online meetings shall not be permitted unless explicitly authorized by the IRB and solely for documentation purposes, subject to confidentiality safeguards.
5. All documents reviewed and decisions made during online meetings shall be documented in the official meeting minutes, in the same manner as in-person meetings.

II. Purpose

To provide an opportunity for the IRB to arrive at collegial decisions regarding study protocols and IRB operations and to be informed of pertinent administrative matters.

III. Scope

This SOP covers all activities related to the conduct of IRB meetings, from the call to order and declaration of quorum to adjournment, including documentation, handling, and storage of meeting materials.

IV. Responsibility

- a. Meetings shall be presided by the Chair or designated substitute, shall proceed only when quorum is declared, and shall be guided by the approved agenda. The presence of a conflict of interest among the members shall be disclosed prior to the discussion of protocols for review.
- b. IRB meetings are not public meetings. Guests such as Independent Consultants and principal investigators can attend only upon the invitation of the Chair. The IRB

reserves the right to invite investigators to attend meetings to give clarifications on their proposed studies.

V. Process Flow/Steps

STEP	ACTIVITY	PERSON RESPONSIBLE
1	Call to order	Chair
2	Declare quorum	Member-Secretary
3	Approve the provisional agenda	IRB members
4	Declare conflict of interest (COI)	IRB Members (who have COI)
5	Approve minutes of the previous meeting	IRB Members
6	Discuss "Business arising from the minutes"	IRB Members
7	Review protocols and protocol-related submissions	Chair and IRB Members
8	Report results of expedited and exempted reviews	Designated Reviewers
9	Review and discuss post approval submissions if there are any: <ul style="list-style-type: none"> • SAEs and SUSARs • Amendments • Progress/final report • Deviations • Queries/complaints • Appeals • Site visits • Early protocol termination • Suspension or termination of IRB approval • Continuing review 	Chair and IRB Members
10	Discuss operations-related matters	Chair and IRB Members
11	Adjourn meeting	Chair
12	Collect, store, and dispose meeting materials	Staff Secretary

VI. Detailed Instructions

Step 1 The Chair calls the meeting to order.

Step 2 The Member-Secretary declares the quorum. For a quorum to be reached, at least 50% plus 1 of the members must be present including a non-scientific member and a non-affiliated member. Quorum should be maintained throughout the meeting.

Step 3 The Chair invites the members to examine the provisional agenda and to propose addition or deletion of items after which the IRB members approve it.

Step 4 The IRB member may declare conflict of interest early in the meeting so that the Chair will note it and implement the policy on conflict of interest management (e.g. conflicted member stepping out of the room or non-participation in the decision making process of the protocol involved.)

Step 5 The IRB members review the minutes of the previous meeting by conforming, correcting or deleting certain declarations. Opinions and actions included in the minutes are understood to be collective and need not be attributed to specific members unless in the case of administrative or operational queries from members who require follow-up information or action.

Step 6 The term Business Arising from the Minutes means any matter which have come up as a result of approving the minutes. It can be a report on an action which is a result of a decision made in the last meeting. The Chair asks the IRB members if there is business arising from the minutes and declares none if IRB members say so.

Step 7 The primary reviewers should be guided by the assessment forms in their presentations. The sequence of review should follow this order: technical issues, ethical issues and informed consent process/form issues. The IRB does not require researchers/principal investigators to make a presentation but they may be invited for a clarificatory interview. The primary reviewers may initiate the interview and invite other IRB members to ask questions too. (Refer to SOP 7- Full Board Review)

The decision making process starts with the Chair reiterating the discussions and decisions of the primary reviewers and invites the IRB members by raising their hands if they concur with the decision of the primary reviewers. All IRB members present in the meeting are expected to vote. Only members without conflict of interest shall participate in deliberation and voting. Independent consultants, investigators, and guests shall be excused from deliberation and decision-making after providing necessary clarifications.

Abstention and Conflict of Interest

For purposes of IRB deliberation and decision-making, the following distinctions shall apply:

- 1. Conflict of Interest (COI)**

A conflict of interest exists when an IRB member has a financial, professional, personal, or other interest that could reasonably be perceived to compromise or bias the member's objectivity in reviewing a protocol.

- a. An IRB member with a conflict of interest shall declare the conflict prior to deliberation.
- b. The conflicted member shall recuse himself/herself from the discussion and voting on the affected protocol. The recusal, including the nature of the conflict and the member's absence during deliberation and voting, shall be documented in the meeting minutes.
- c. A member with a conflict of interest shall not be counted toward quorum for that agenda item.

2. **Abstention**

Abstention refers to a situation in which an IRB member chooses not to vote on a particular agenda item despite having no conflict of interest, due to reasons such as insufficient familiarity with the protocol, lack of relevant expertise, or other valid personal reasons.

- a. A member who abstains may participate in the discussion, unless otherwise determined by the Chair.
- b. An abstaining member shall be counted toward quorum.
- c. The abstention and the reason for abstaining shall be recorded in the meeting minutes.

Step 8 The designated reviewer of the protocol for expedited review reports his review, recommendations and decision. (Refer to SOP 6-Expedited Review)

Step 9 The Chair and IRB members review and discuss the following post approval submissions if there are any: (see SOPs 11-20; SOP 25)

- a. SAEs and SUSARs
- b. Amendments
- c. Progress/final report
- d. Deviations
- e. Queries/complaints
- f. Appeals
- g. Site visits
- h. Early protocol termination
- i. Suspension or termination of IRB approval
- j. Continuing review

Step 10 Operations-related matters are matters not directly related to any protocol under review. Examples are : staff matters, operational manuals, legal matters and meeting schedules. The Chair asks the IRB members if there are operations-related matters to be discussed and declares none if the IRB members say so.

Step 11 Meetings must be adjourned after all items in the agenda have been discussed and/or resolved. A member must move for the adjournment of the meeting, and seconded, for it to be declared.

Step 12 The Staff Secretary confirms real time documentation done in each agenda and have the Chair sign the the minutes upon adjournment.

II. Forms

1. Form 21 Agenda of the Meeting

III. References

1. National Ethical Guidelines for Health and Health-related Research 2017
2. Philippine Health Research Ethics Board Standard Operating Procedures 2020
3. PELI-IRB SOP 2017

IV. Revision Index

Version	Date	Reasons For Revision
01	August 30, 2013	Patterned SOP after the SOP drafted by the DOH SOP Team (based on the FERCAP template)
02	April 1, 2014	Added Section 4.7 Conduct of Meeting
03	Jan 26, 2016	Changed logo of “Pacific Eye and Laser Institute” to “Peregrine Eye and Laser Institute” in the document header
04	June 15, 2017	<p>The following major revisions of both SOP and forms 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.11, 3.12 made in compliance with PHREB recommendations of official finding report last June 8, 2017:</p> <ul style="list-style-type: none"> • Clarify the following and state specific procedures on the following: <ul style="list-style-type: none"> ○ Invitation of “guest” (SOP 4.7.2), ensure confidentiality ○ Attendance by video or teleconference SOP 6.5 ○ Decision via consensus or voting page 15 #1 ○ abstention of member page 15 #1 confidentiality clause SOP 4.6.9 ○ Follow the standard agenda and minutes format <ul style="list-style-type: none"> ▪ Call to order ▪ Declaration of quorum ▪ Declaration of COI ▪ Approval of previous minutes ▪ Business arising from the previous minutes ▪ Review of new protocols ▪ Review of resubmitted protocols ▪ Progress Reports

		<ul style="list-style-type: none"> ▪ Amendment/s ▪ PD/PV and Noncompliance ▪ SAE/SUSARS ▪ Early Study Termination, close out reports, Final Reports ▪ Site visits ▪ Reports of expedited reviews ▪ Other matters <p>The above items should always be part of the agenda and minutes, whether a report on any of the items will be discussed in the meeting. If there are no reports for a specific item, then it should be indicated as NONE.</p> <ul style="list-style-type: none"> • Invite PI only to the IRB meeting for clarificatory purposes • Use PELI IRB Protocol No., full title of protocol and name of PI to identify protocols in the meeting agenda • Ensure the agenda is complete following the template suggested in the SOP • Ensure that the IRB deals with the PI directly and not with the sponsor • Indicate type of review in the agenda and minutes of the meeting (expedited or full board) • Document in the SOP current practices of the Staff Secretary on filing of documents • Prepare an SOP on the disposal of archives • Ensure that the archiving color coding scheme of the Staff Secretary be formalized in the SOP • Ensure adequate space for archiving for future protocols • Improve the database to track timelines of critical points in the review process and that can generate data useful for the IRB
5	July 16, 2022	<ul style="list-style-type: none"> • Reformat numbering to conform to 2020 PHREB SOP Workbook • Refer to SOP 4.2 of version 4 of PELI-IRB • Add references within the SOP • Add Purpose, Scope and Responsibility to this SOP • Revise Process Flow /Steps for more clarification • Make Process Flow/ Steps and, Detailed Instructions consistent • Add Forms to include forms to be used in the SOP
6	March 9, 2026	<p>Revised and reclassified as SOP 22 to align with the PHREB Accreditation Policy 2024 for Specialty Clinics</p> <p>Added a Policy section to define the governing principles and general guidelines of the SOP.</p> <p>Convert all timelines to calendar calendar days</p> <p>Forms were re-numbered to correspond with the SOP in which they are used to ensure consistency, traceability, and proper document control. All form numbers mentioned in the SOP were updated accordingly to align with the revised numbering system</p> <p>Included policy on the conduct of online/virtual IRB meetings</p> <p>Except for the Technical Reviewers , all others are excused at the time of deliberation and decision making , has been removed to clarify that only IRB members participate in the deliberation and voting process</p>

