

	Peregrine Eye and Laser Institute Institutional Review Board
PELI-IRB-SOP-03-06-2026	SOP 03 Training and Continuing Education of IRB Members and Staff
Version No. 6	
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SOP 03 Training and Continuing Education of IRB Members and Staff

I. Policy

The Peregrine Eye and Laser Institute Institutional Review Board (PELI-IRB) shall ensure that all IRB members, officers, independent consultants, Technical Reviewers, and administrative staff receive initial and continuing training appropriate to their roles, to maintain competence in the ethical and scientific review of research involving human participants.

1. Training of IRB personnel shall be considered an essential component of IRB quality assurance, supporting independent, consistent, and ethically sound decision-making.
2. All IRB members, independent consultants, Technical Reviewers, and staff shall complete initial (basic) training prior to, or as soon as practicable after, assuming their IRB-related functions.
3. Initial and continuing training shall include, as applicable to their roles:
 - a. Good Clinical Practice (GCP);
 - b. health research ethics and internationally accepted ethical guidelines;
 - c. relevant laws, regulations, and institutional policies;
 - d. research methodology, statistics, and scientific review principles; and
 - e. PELI-IRB SOPs, assessment forms, documentation, and archiving procedures.
4. The PELI-IRB shall require continuing education to ensure that IRB personnel maintain up-to-date knowledge of:
 - a. evolving ethical standards and regulatory requirements;
 - b. developments in science, health, and safety relevant to the research reviewed; and
 - c. emerging issues in research ethics.
5. Responsibility for training shall be shared.
 - a. IRB members, consultants, reviewers, and staff are individually responsible for maintaining their competence through training and continuing education; and
 - b. the PELI-IRB, through its officers and administrative support, shall facilitate, monitor, and document training activities.

6. Training needs and plans shall be systematically identified, monitored, and documented, and incorporated into the IRB’s annual planning and budget, as appropriate.
7. Records of training and continuing education activities shall be maintained as part of the official IRB records, updated periodically, and made available for audit, accreditation, or regulatory review.

II. Purpose

To describe the PELI-IRB procedures regarding initial and continuing training of IRB members and staff.

III. Scope

This SOP begins with the identification of training needs of IRB personnel and ends with the documentation, updating, and archiving of training records, and evaluation of training activities.

IV. Responsibility

It is the responsibility of the PELI IRB members, Independent Consultants, Technical Reviewers and staff to be regularly trained and educated. The Staff Secretary, under the supervision of the Vice-Chair shall keep track of the training needs of all members and prepare a training plan for approval of both the IRB and the Managing Director.

V. Process Flow/Steps

STEP	ACTIVITY	RESPONSIBILITY	TIMELINE
1	Chair officially requests initial training from the Managing Director	Chair/Staff Secretary	7 calendar days
2	Ensure that all members undergo initial basic training	Chair/Staff Secretary	7 calendar days
3	Keep track of training needs of IRB members and staff and plan for continuing education	Vice-Chair/Staff Secretary	14 calendar days
4	Identify training opportunities and attend as needed	IRB Members/Staff Secretary	30 calendar days
5	Keep training records of the IRB members and staff	Staff Secretary	7 calendar days

VI. Detailed Instructions

Step 1 The Chair shall officially request initial training, which shall be approved by the Managing Director.

Step 2 The Chair and Staff Secretary should ensure that all members, consultants, and staff undergo initial (basic) training. It is the role of all members, consultants, and staff to be subjected with proper training as indicated in the following table.

Initial (Basic) Training			
IRB Members	Technical Reviewers	Independent Consultants	Staff Secretary and Member-Secretary
Good Clinical Practice Training Health Research Ethics Training	Research Methodology Training	Good Clinical Practice Training; Health Research Ethics Training	Good Clinical Practice Training Health Research Ethics Training
In-House PELI-IRB SOP and Assessment forms Training	In-House PELI-IRB SOP and Assessment forms Training	In-House PELI-IRB SOP and Assessment forms Training	In-House PELI-IRB SOP and Assessment Forms Training Documentation and Archiving

Step 3 The Staff Secretary, under the supervision of the Vice-Chair, shall keep track of training needs of the board, Independent Consultants, Technical Reviewers and staff. These shall be included in the annual budget plan. IRB members should maintain competence by ensuring that they have updated knowledge of the following:

- a. Good Clinical Practice (GCP);
- b. Declaration of Helsinki,
- c. CIOMS,
- d. Ethical guidelines,
- e. Relevant laws and regulations,
- f. Relevant developments in science, health, and safety,
- g. International meetings and conferences.

Step 4 Staff, members, and officers shall check for training opportunities needed and shall attend approved training programs once approved by the Managing Director.

Step 5 The Staff Secretary shall keep training records of the IRB members, consultants, and staff under the supervision of the Member-Secretary. The Staff Secretary shall prepare attendance sheets for in-house training with relevant information on the topic, duration, date, and venue. Participants shall sign the attendance sheet, and a copy shall be filed in the membership records.

Update the Form 3.2 Curriculum Vitae and Form 3.1 Training Record of individual member/staff to reflect attendance in training activities at least every 2 years.

VII. Forms

1. Form 3.1 Training Record
2. Form 3.2 Curriculum Vitae

VIII. References

1. PHREB 2020 SOP workbook
2. PELI-IRB SOP 2017

IX. Revision Index

Version	Date	Reasons For Revision
02	Jan 26, 2016	Changed logo of “Pacific Eye and Laser Institute” to “Peregrine Eye and Laser Institute” in the document header
03	June 15, 2017	<p>The following major revisions made in compliance with PHREB recommendations of official finding report last June 8, 2017:</p> <ul style="list-style-type: none">• Exception clause revision in 3 year appointment period• Create and implement a plan for training for IRB officers and members on SOP, use of assessment forms, Advance Ethics Research Training which are case based, Technical Research Review Workshop, and Scientific Writing Workshop for PELI consultants• Ensure that CVs of IRB members and Independent Consultants are updated every 2 years as per SOP• State in the SOP 1 that the IRB is compliant with the PHREB Policy on Specialty Clinics and describe why it is compliant. State relevant MOAs with a general hospital.• Clarify and define scientific, non-scientific members in the SOP• Define tenure of IRB officers in the TOR and in the SOP• Clarify the role of the Technical Review Committee;• Ensure consistency of the flow chart with the detailed instructions (e.g. person responsible for a particular process)
04	Oct 17, 2017	<p>The following major revisions made in compliance with PHREB recommendations stated in the provisional letter dated last July 31, 2017 and email communication from PHREB dated Aug 14, 2017:</p> <ul style="list-style-type: none">• There should be at least 2 non-affiliated members one non-affiliated members one of which is an ophthalmologist.• Limit protocol review to ophthalmologic studies only, provided that, if there is presence of non-ophthalmologic competent primary reviewers or Independent Consultants (e.g. Dermatologic Study) PELI-IRB may review that certain study (e.g. Dermatologic Study).• Clearly state the role of the Technical Reviewer and primary reviewer and provide specific timelines regarding technical review and ethics review.
05	July 16, 2022	<ul style="list-style-type: none">• Reformatted numbering to conform to 2020 PHREB SOP workbook• Refer to SOP Chapter 1 of version 4 of PELI IRB• Added references within the SOP• Added revision index

		<ul style="list-style-type: none"> • Made Process Flow/Steps and detailed instructions consistent • Removed provisions on incentives • Provisions on Technical Review Committee deleted
06	March 9, 2026	<ul style="list-style-type: none"> • Revised and reclassified as SOP 3 to align with the PHREB Accreditation Policy 2024 for Specialty Clinics • Expanded the Scope section to clearly define the beginning and end of the activities covered by this SOP. • Added a Policy section to define the governing principles and general guidelines of the SOP.