

## Minutes of the Meeting of the Executive Committee

### SUNY-Downstate College of Medicine

March 6, 2023

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**Attendees: M. Stewert, R. Viswanathan, C. Persaud, L. Weiner, N. Pinnington, R. Orman, S. Agarwal, S. Rabinowitz, L. Harris, F. Velcek, R. Gupta, J. Kubie, C. Brown, S. Márquez, C. Galanter, C. Kamarajan, R. Barbour**

Guest: G. King, D. Ling

February minutes were approved with revisions.

Dr. Kamarajan presented two Institutional Animal Care and Use Committee members, Ms. King and Dr. Ling, to the Executive Committee. Dr. Ling chairs the Institutional Animal Care and Use Committee, and Ms. King, the director, oversees the committee. They are responsible for overseeing the day-to-day operations of the department. The Institutional Animal Care and Use Committee (IACUC) is a federal law requiring any institution conducting animal-based research to have a department tasked with overseeing animal care and use during the research process to ensure that all animals are treated humanely and adequately. Moreover, the department adheres to the regulations and guidelines established by the National Institutes of Health and the Office of Animal Welfare. The office also serves the Animal Welfare Act, a federal law, and obtaining research accreditation.

Ms. King discussed the operation of the department. She stated that the committee meets as needed to conduct the business of the IACUC and protocol reviews in order to facilitate research here at Downstate. Part of the role of the IACUC is to be the administrative arm of the committee when decisions are made. The department works to protect the Integrity of the program by facilitating the review process by acting as a liaison between the reviewers, IACUC, the institution, agencies and the researchers. IACUC also provide the resources, especially during semi annual inspections and whatever the needs of the specific research and faculty, staff, which is a supportive role of the Division of Comparative Medicine, vet techs and regulatory requirements are that overlap with any use of animals.

They also provide oversight and compliance on behalf of the IACUC. If regulatory requirements change, IACUC is the first point of contact to assist and amend or make necessary changes or implement what is necessary to maintain compliance with laws, policies, and regulations. Also, they assist with drafting policies and procedures that ensure compliance with NIH DEA and sponsoring agencies' requirements.

Ms. King also stated that upon submission, they conduct a preview, which is usually an administrative preview. The one component that assists the researcher is that there are no surprises. When their protocol is submitted to the committee, the aim is to have the least amount of comments or adjustments or amendments to make after it is submitted to the full committee to

facilitate and reduce the number of exchanges that the portal and the researcher needs to make. The board committee is your new scientists, making sure that they can work on existing protocols and new protocols without negatively impacting the deadlines; many of our researchers expressed that it is important to them to get that person on-boarded and working as soon as possible in their labs. We are spearheaded by PAM, the post-approval monitoring program here at Downstate. Once a protocol is approved, one of the required things is to assist the researcher in avoiding non-compliances where it can and identify that what the ICUC has approved is what is happening in the lab, especially for protocols supported by grants, which is an essential and integral function and those who use USDA regulated species. Depending on the protocol's pain category, they may have more frequent PAMs.

Throughout the review process, the office and its staff are committed to ensuring that every aspect of the process, from submission to approval, even post-approval, has been addressed in order to ensure that the protocol complies with all regulatory requirements.

Additionally, it must be stressed that using animals is a privilege that is taken seriously by the institution as a whole. One of our responsibilities is to ensure non-compliance and, when it occurs, that we are aware of it. Occasionally, unanticipated adverse events need to be reported promptly and properly, and the office will assist. IACUC and the institutional official work together to ensure that the institution maintains proper records of what is occurring when it is occurring, and that it is rectified in a timely manner.

There are a number of ways in which the office works with the IBC, the institutional biosafety committee, EHS environmental, health, and safety to make sure that everyone who is involved in the development of a protocol is part of the occupational health program and is enrolled in that program annually. Several years ago, the office was able to reduce the administrative burden due to a survey instituted by Dr. Sharpe, who was Ms. King's predecessor. Since then, the office has been using the survey to ensure that those people are medically cleared to continue being on a protocol and that they are able to report that information to the department. They are using a survey that is less than two minutes long, and that does satisfy the regulatory requirement. In order to ensure that the researcher is pointed in the right direction, the office strives to be the first point of contact for researchers.

A question was asked regarding who the contact person is and who is the main point of contact. Dr. Ling stated that the two points of contact are emailing Dr. King and him directly. The forms are located on the website. In addition, there is a general email account that is monitored three times a day. In the event that there is a complaint, the complaint is placed on the agenda for the next monthly agenda meeting where the item is discussed. Due to controversies regarding the use of animals, live animals in research as well as the use of laboratory animals, the office does not disclose information regarding its members. As part of the institution's protection, the member roster is also kept confidential.

Inspections of the animal laboratories are conducted on a semi-annual basis.

### **CEPC**

During the meeting of the committee, according to Dr. Kubie, it was decided that there should be an open forum where students can discuss the status of the foundation curriculum in order for

them to make their views known to the committee. According to Dr. Kubie, Dr. Perkins stated that students aren't engaged with the curriculum and the many aspects of class life and activities and that the courses aren't engaging them in a meaningful way.

### **CAPQ**

Dr. Barbour stated that the committee is looking forward to obtaining guidance from the Executive Committee that will have an impact on the way in which the CAPQ operates in the future.

Currently, 12 candidates have been considered for promotion, of which 4 have been approved. There are a number of candidates whose reviews have already been tabled. Some were tabled because of missing information on the CV. During the meeting of the CV review committee held on Tuesday, it was decided that a review of CVs would be conducted, in order to establish criteria for establishing a review.

There are three documents that guide a review committee: bylaws, review guidelines and procedures. The committee is happy with the bylaws, and with the guidelines for reviewing, but they need help with the procedures. In addition, there are no written procedures that are available to give guidelines on how to interpret the criteria. The Internet has guidelines on how to do this, but they aren't authenticated.

There has been a decision made by the committee to suspend further reviews until some clarification is provided as to what guidelines need to be used. It was discussed by the Executive Committee as to how to handle this issue because the committee is not clear on how to determine what criteria should be used.

In order to assist CAPQ with the review process, the Executive Committee decided to take a vote. As far as the first vote is concerned, if you were hired before the new guidelines were instituted in April 2016, you would be subject to the guidelines that were in place at the time of your hiring, which is the guidelines preceding 2016.

The second vote is based on the fact that if you were hired between April 2016 and August 2021, when the Pato guidelines took effect, you will be subject to the Pato guidelines of 2016. There were six votes in favor and three votes against.

### **Student Admissions**

Dr. Márquez stated that from February 6 to March 6, there were 49 screen interviews and 172 invitations were sent out; out of the 172, 154 interviews were conducted. In total, there were 64 acceptances that were emailed between the 6th of February and the 6th of March, with 15 Bachelor of Arts/MD early decision acceptances. A total of 537 underrepresented candidates have been screened and 44 invitations for interviews have been sent out as a result.

### **Faculty and Staff**

There has been a discussion regarding the possibility of adding three additional Faculty and Staff members to the committee. According to Dr. Stewart, the membership of the committee will increase to nine if three more members are added. According to Dr. Stewart, increasing the size of the committee is not as simple and would violate the bylaws, which would require changing

the bylaws by changing the committee constitution and deciding on a number of people and asking them to serve on it. Dr. Stewart stated that at this time, the committee will not vote on the addition of more members at this time.

A vote was held at the November 2021 meeting of the committee, where it was decided that the majority of members would prefer to use the guidelines from before 2016. It was mentioned that some people were unaware of what they were voting on when they voted. The three members of the committee who attended the November 2022 meeting stated that they were still able to recall what they voted on and that it was in favor of reverting back to the pre-2016 guidelines. As mentioned in the meeting, the Nov 2021 minutes are also available online, which indicates that the majority voted to revert to the guidelines. It was stated by one of the members that she did not vote to revert but that she voted to return the information to the faculty. Since there was a discrepancy, Dr. Stewart stated that perhaps some of the members who were present at the meeting could state what they voted for and figure out what was going on.