Research and Enterprise

Standard Operating Procedure
Research Governance

Title:	**Matters of Non-compliance with Study Protocol**		
SOP Reference Number:	QUB-RGEI-016	Version Number:	FINAL v1.0
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	Name and Position	**Signature**	**Date**
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Revision Log

Previous Version number	Date of Review/Modification	Reason for Review/Modification	New Version Number

1. Purpose

This Standard Operating Procedure (SOP) provides guidance for the actions to be taken in the event of non-compliance with the approved study protocol and/or Good Clinical Practice (GCP).

The failure to comply with the final REC approved study protocol is classified as a breach of protocol. A breach may result from human error or purposeful misconduct and a serious breach must be reported to the Sponsor who will onward report to REC.

2. Scope

This SOP applies to all studies where the University is acting in the capacity of Sponsor. It applies to all members of University staff; both academic and support staff as defined by Statute 1, including honorary staff and students.

2.1 Definitions

2.1.1 Protocol Deviation

A protocol deviation is usually a result of trying to address unforeseen circumstances. Deviations are occurrences which can be classed as minor and do not affect participant safety or the integrity of the research. It is important that the study protocol defines the criteria for deviation and a breach. Examples of protocol deviations may include:

- Isolated incident of a missed or incomplete study procedure;
- A study visit outside the defined window;
- A variation in the management of a participant due to minor safety or logistical concerns.

Where a protocol deviation occurs on multiple occasions and/or affects multiple participants, it may be considered a protocol violation.

2.1.2 Protocol Violation

A protocol violation occurs when there is a consistent variation in practice from the defined protocol. A violation is a significant occurrence or event which may affect participant safety or the integrity of the research. Examples include:

- Failure to obtain informed consent
- Including participants who do not meet the defined inclusion/exclusion criteria
- Undertaking a procedure which has not been approved by the REC.

2.1.3 Serious Breach of the Protocol

A serious breach of the protocol is one that is likely to significantly affect the:

- Safety or physical or mental integrity of the study's participants;
- Scientific value of the study;
- Conditions and principles of Good Clinical Practice (GCP) in connection with a study.

The judgement on whether a breach is likely to have a significant impact on the scientific value of the study depends on a variety of factors e.g. the study design, the type and extent of the data affected by the breach, the overall contribution of the data to key analysis parameters, the impact of excluding the data from the analysis.

3. Responsibilities

3.1 Chief Investigator (CI)

The Chief Investigator (CI) should monitor the conduct of the research study, and assess all non-compliances. In the event of the CI becoming aware of a serious breach of the protocol, GCP and/or SOPs the CI should notify the Research Governance Team immediately, but no later than 24 hours. The CI should facilitate any follow-up undertaken by the Research Governance Team.

3.2 Site Principal Investigator

In the event of a multi-centred study the Site Principal Investigator (SPI) should monitor the conduct of the research study locally. In the event of the SPI becoming aware of a breach of the protocol, GCP and/or SOPs the SPI should immediately advise the CI, and notify the Research Governance Team, but no later than 24 hours.

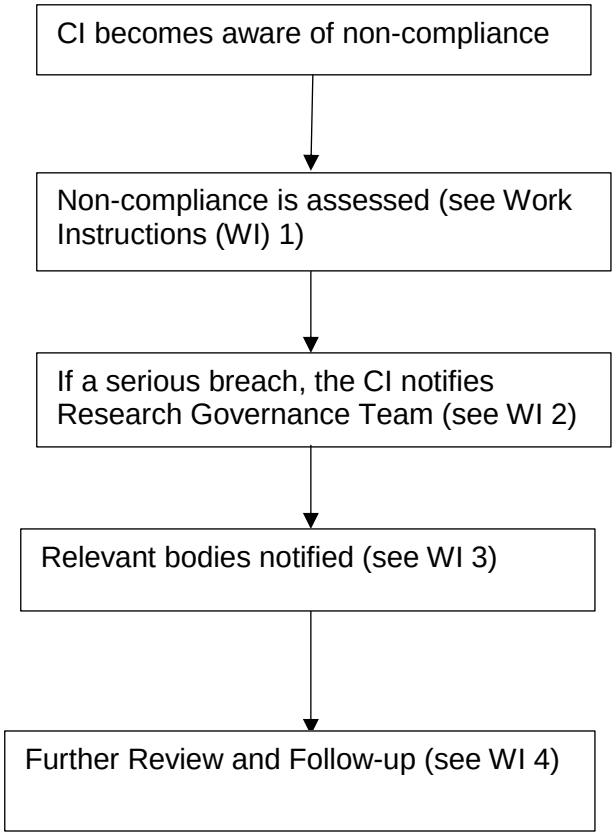
3.3 Investigators/Members of the Research Team

All those involved in a research study have a responsibility to report to the Chief Investigator breaches in compliance with the study protocol, SOPs and/or GCP.

3.4 Sponsor

Where a serious breach has occurred, the Sponsor must liaise with the Chief Investigator to assess the impact of the breach on the scientific value of the study and notify the relevant bodies, e.g. the main Research Ethics Committee (REC) as appropriate. Notification must be within 7 days of becoming aware of the breach.

4. Procedure



5. References

UK Health Departments Research Ethics Service Standard Operating Procedures (last accessed September 2021)
https://www.hra.nhs.uk/documents/2490/RES_Standard_Operating_Procedures_Version_7.5.1_August_2021_Final_Accessible_07lVkXt.pdf

6. Appendices

Work Instructions 1 – Assess the Non-Compliance
Work Instructions 2 – Notify Research Governance of a Serious Breach
Work Instructions 3 – Notify Relevant Bodies
Work Instructions 4 – Further Review and Follow-Up

Work Instructions 1 – Assess the Non-Compliance

On becoming aware of a matter of non-compliance, the CI must assess the breach and how it impacts on participant safety and/or scientific integrity. The facts surrounding the matter of non-compliance will be collated which may be through reviewing documentation and/or interviewing relevant staff.

Where the non-compliance relates to a protocol deviation, this should be recorded by the CI. The CI should review records of protocol deviations in order to identify trends or patterns and if these are noted, appropriate action should be taken, such as submission of an amendment to the study.

Once the facts are collated and assessed, the CI will decide if a serious breach has occurred.

Work Instructions 2 – Notify Research Governance of a Serious Breach

If it is determined that the breach is a serious breach of the protocol, the CI should inform the Research Governance Team. This can be undertaken through email: (researchgovernance@qub.ac.uk), in person or by telephone. The CI should provide information on the study, including its title, the site where the matter of non-compliance occurred, the name of the SPI (if applicable) and give full details regarding the matter of non-compliance.

In addition, the Research Governance Team will work with the CI to ensure that any urgent safety measures are implemented.

The Director of Research and Enterprise and/or the Dean of Research and the Pro-Vice-Chancellor for the Faculty will be consulted if a serious breach has occurred.

Work Instructions 3 – Notify the Relevant Bodies

The REC should be notified of a serious breach within 7 days. The report may be provided by the Chief Investigator or other representative of the sponsor, copied to the Sponsor.

Reports of serious breaches should give details of when the breach occurred, the location, who was involved, the outcome and any information given to participants. An explanation should be given, and the REC informed what further action the Sponsor plans to take.

Work Instructions 4 – Further Review and Follow-Up

Once the initial notification has been submitted a fuller review will be undertaken, if required. A report will be compiled providing a summary of the breach, the actions taken, and the impact of the breach against participant safety, scientific integrity and risk to the University. A copy of the report will be submitted to the Research Governance Ethics and Integrity Committee for their consideration.

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