Queen's University Belfast

Research and Enterprise

Standard Operating Procedure

Research Governance

Title:	**Good Clinical Practice: Inspections**		
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Revision Log

Previous Version number	Date of Review/Modification	Reason for Review/Modification	New Version Number
Final v 1.0	10/11/09	Annual Review	Final v 1.0
Final v 1.0	09/09/11	Annual Review/ Update following MHRA GCP Inspection	Final v 2.0
Final v 2.0	21/08/2012	Periodic Review	Final v 3.0
Final v 3.0	06/10/2014	Periodic Review	Final v 4.0
Final v 4.0	01/12/2016	Periodic Review	Final v 5.0

1. Purpose

This Standard Operating Procedure (SOP) provides guidance for the Good Clinical Practice (GCP) Risk-based Inspection Process and the preparation and execution of a Good Clinical Practice (GCP) inspection of Queen's University Belfast, carried out by a relevant Competent Authority.

2. Introduction

The European Clinical Trials Directive was introduced to ensure the standardisation of research activity in clinical trials; the initiation, conduct, recording and reporting of clinical research. The Medicines for Human Use (Clinical Trials) Regulations 2004 require that research is conducted to the International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) standards to ensure that it complies with the European Clinical Trials Directive. Through sponsorship of research projects, the University is confirming that everything is ready for the research to begin:

- Taking on responsibility for putting and keeping in place arrangements to initiate, manage and fund the study;
- Satisfying itself the research protocol, research team and research environment have passed appropriate scientific quality assurance;
- Satisfying itself the study has ethical approval before it begins;
- For clinical trials involving medicines, seeking a clinical trial authorisation and making arrangements for investigation medicinal products.

Sponsorship is a continuous process and the University will ensure that the research is conducted in accordance with Good Clinical Practice, that it is managed, audited, monitored and reported on appropriately. When completed the findings are disseminated and the trial documentation archived.

One of the requirements of the European Clinical Trials Directive is that the Competent Authority, within the United Kingdom (the Medicines and Healthcare products Regulatory Agency (MHRA)), undertakes regular inspections to ensure that Clinical Trials of Investigational Medicinal Products (IMPs) or Clinical Investigations of Medical Devices are conducted in accordance with the Clinical Trials Regulations. The University, as a non-commercial (co)- sponsor of research will be subject to inspection.

Where the University is named as a Sponsor or Co-Sponsor of an IMP, the MHRA may conduct a 'sponsor' inspection. The sponsor is required to satisfy the MHRA that the study meets the relevant standards and ensures that arrangements are in place for the ongoing management, monitoring and reporting. An MHRA inspection will include scrutiny of University-wide systems to confirm that the University has fulfilled its sponsor responsibilities.

MHRA inspectors have a statutory right to enter IMP-Trial sites, laboratories used for analysis and sponsor premises, to have access to files and any records or information associated with IMP-Trials.

In June 2009 the MHRA introduced a risk based approach to inspections. Subsequently a Compliance Report should be returned to the MHRA on a bi-annual basis enabling them to risk assess the University and its involvement in clinical trials.

3. Scope

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

4. Responsibilities

4.1 Director of Research and Enterprise

The Director of Research and Enterprise (DRE) will be the point of contact for the MHRA and will liaise with them as necessary before, during and after any inspections. He/she will also be responsible for providing the appropriate verbal and where absolutely necessary, short written briefings to other members of the Senior Management Team and relevant Officers of the University.

4.2 Research Governance Team

The Research Governance Team, will be responsible for collating the risk-based inspection report and in the event of an inspection a list of items required prior to an inspection by the MHRA, or other relevant Competent Authority. Relevant staff within the University work closely with the Chief Investigators and other researchers as part of the necessary preparations.

4.3 Chief Investigator

The Chief Investigator (CI) of any study(s) is responsible for ensuring that their studies are conducted in accordance with ICH-GCP requirements and that their research team are fully aware and compliant with the ICH-GCP requirements and the appropriate Statutory Instruments and subsequent amendments.

The MHRA will review the indemnity cover for all relevant Clinical Trials. The CI is responsible for ensuring that the Human Subjects Database has been completed correctly and that the Insurer has been made aware of the specifics for the Clinical Trial. As NHS indemnity is reliant on Trust Governance approval it is also the responsibility of the CI to ensure that this is in place prior to the commencement of the Study (where applicable).

In the event of an inspection the CI will also be responsible for working closely with and facilitating the requirements of the University before, during and after an inspection.

4.4 Investigators

Every Investigator involved in a Clinical Trial needs to ensure that they are fully aware of and compliant with their responsibilities under GCP.

5. Procedure

5.1

GCP Inspection - Pre-Inspection

Prior to an inspection visit, the MHRA will request from the University a dossier of documents to help them draft an inspection plan and allocate resources for the inspection. A list of current dossier requirements is available from the MHRA's website but it will include:

- A list of University (co)-sponsored CTIMPs and CT-MPs in which the University is a collaborator;
- The titles and phases of the University (co)-sponsored CTMPs;
- The names of CI and the location of their CTIMP;

- Organisational chart with relevant staff names, roles and responsibilities;
- An index of all University SOPs in use for the management of CTIMPs and processes;
- Overview of facilities, activities and service providers/supporting departments (to enable them to plan the necessary resources index plus selected;
- Contact name to manage logistics.

5.2 Preparing for an inspection

The Research Governance Team will, on behalf of the University:

- Inform all relevant staff as soon as they become aware of an MHRA inspection.
- Memos/emails will be sent to the:
  - i Senior Management Team;
  - ii Relevant Head of School(s);
  - iii Centre Directors within the School of Medicine, Dentistry and Biomedical Sciences;
  - iv Chief Investigators.
- All recipients are expected to cascade the information to all relevant staff and researchers;
- Collate the pre-inspection dossier.

Every researcher involved in CTIMPs should:

- Comply with the requests from the Research Governance Team staff to prepare for an inspection.
- Review trial documentation as part of ongoing compliance process.

5.3 Areas of Interest

The MHRA will be interested in processes relating to:

- Regulatory submissions;
- Laboratories;
- IMP management;
- Contract Management;
- Project management;
- Trial-file management for selected clinical trial(s)
- Quality Assurance;
- Training;
- Computer systems;
- Monitoring;
- Pharmagovigilance;
- Medical Advisors;
- Data Management;
- Statistical Analysis;
- Report Writing;
- Archives;
- Investigational sites.

5.4 The inspection

Approximately one to two weeks prior to the inspection visit, the University will receive an inspection plan that outlines the activities to be covered during the inspection. The inspection plan states which CTIMPs are to be inspected, which staff are to be interviewed, which facilities are to be visited and which documents are to be reviewed.

All those involved must be available by clearing their diaries accordingly.

An inspection visits consists of:

- An opening meeting;
- Interview sessions with staff (CIs and relevant others);
- Visits;
- Document review;
- Site inspections;
- Closing meeting (to give verbal feedback summarising observations and findings made).

An observer can attend the interviews, although numbers are limited; which are controlled by the inspectors.

5.5 Post Inspection

After the inspection visit a verbal briefing session will be provided to the University, before the inspectors leave. Thereafter an inspection report will be provided highlighting any 'critical' and/or 'major' and/or 'other' findings. The findings and response instructions will be sent to the contact person. On receipt of inspection reports, organisations are given a deadline for responding to findings. Critical findings sometimes require a more rapid response (e.g. 14 days) with responses to major findings required within 28-30 days.

Following the provision of a satisfactory response the GCP Inspection Statement will be issued to the University.

Any responses made to the MHRA must be implemented by the University. Should the University be inspected again, any major findings, that have not been addressed, would automatically escalate to critical findings.

6. References

NHS Research and Development Forum. How to prepare for an inspection for Good Clinical Practice by the Medicines and Healthcare products Regulatory Agency (MHRA): a guide for NHS organisations that sponsor or host clinical trials of medicinal products. Version 3, November 2007.

MHRA website (last accessed December 2016):
http://www.mhra.gov.uk/Howweregulate/Medicines/Inspectionandstandards/GoodClinicalPractice/Riskbasedinspections/index.htm