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Version Control

Version	Date	Author	Status	Comment
1	01/07/2014	Heidi Saunders	Final	New Document
1.1	03/10/2017	Lucy Parker	Final	SOP Review Date Time Extension
2.0	10/11/2017	Rachel Fay	Final	Moved to new template. Removed NHS Permission references. Updated to reflect implementation of the HRA. Update definition of sponsor and responsibilities based upon the UK Policy for Health Social Care Research (2017). Addition of UK rep responsibilities. Removal of appendixes and embedding into main text. Refer to the Delegation of Duties Agreement for PIs and CIs. Clarified cross-site PI roles. Removal of need for Legal Representative for non CTIMPs if the Sponsor is outside the UK.

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1. INTRODUCTION

This document sets out roles and responsibilities for the conduct and management of research studies and clinical trials taking place at Royal Free London NHS Foundation Trust.

It aims to provide clear guidance on the conduct of Research Studies and Clinical Trials to ensure compliance with the Trust's policies.

2. OBJECTIVE

This document defines Roles and Responsibilities for the conduct of research studies and clinical trials including CTIMPs (Clinical Trials of Investigational Medicinal Products) at Royal Free London NHS Foundation Trust.

This SOP clarifies the Roles and Responsibilities of the Sponsor, Chief investigator, Principal investigator and other research staff as described in Good Clinical Practice (GCP).

In addition to this SOP, RF R&D require Chief investigators to sign a Delegation of Duties Sponsorship Agreement (DDSA - RFLRDDOC0022) for Studies Sponsored by Royal Free,

RF R&D require Principal Investigators to sign a Delegation of Duties Agreement (DDA - RFLRDDOC0036) for Studies Hosted by Royal Free outlines the responsibilities of the Principal Investigator (PI)

This agreement outlines the responsibilities of the Principal Investigator (PI)

The document aims to provide clear guidance on who takes overall responsibility for each study process.

3. DEFINITIONS

RF Royal Free London NHS Foundation Trust

RM&G - Research Management & Governance

R&D - Research & Development

TROIKA - is a sub-committee of the Research and Development (R&D) Committee and comprises of the Dean of the Royal Free campus of UCL Medical School, the Director of the R&D Office and the RF's Medical Director

Clinical Trial of Investigational Medicinal Product (CTIMP) - Any investigation in human subjects intended to discover or verify the clinical, pharmacological and/or other pharmacodynamics effects of one or more investigational medicinal product(s), and/or to identify any adverse reactions to one or more investigational medicinal products(s) and/or Study absorption, distribution, metabolism and excretion of one or more investigational product(s) with the object of ascertaining its (their) safety and/or efficacy.

Sponsor - Individual, organisation or group taking on responsibility for securing the arrangements to initiate, manage and finance a study. A group of individuals and/or organisations may take on sponsorship responsibilities and distribute them by agreement among the members of the group, provided that, collectively, they make arrangements to allocate all the responsibilities in this research governance framework that are relevant to the study.

CI - Chief Investigator (CI) is the authorised health care professional who takes primary responsibility for the conduct of the trial. There is only one Chief Investigator per Member State.

PI - Principal Investigator (PI) is the person who takes responsibility for the initiation and conduct of the study at site. There is one Principal Investigator at each site participating in a research study. For a single site study the Chief investigator may also take on the role of Principal investigator

GCP - Good Clinical Practice (GCP) is an international ethical and scientific quality standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected.

CRF – Case Report Form

4. SCOPE

This SOP applies to all personnel that are conducting research at the Trust including: staff that are full or part-time employees of the Trust, those working at the Trust with employment contracts funded partially or wholly by third parties, those working at the trust under honorary contract or under the remit of a valid research passport, those seconded to and providing consultancy to the Trust, and to students undertaking training and educational projects at the Trust.

5. EQUALITY STATEMENT

The Royal Free London NHS Foundation Trust is committed to creating a positive culture of respect for all individuals, including job applicants, employees, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability (including HIV status), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. It is also intended to use the Human Rights Act 1998 to treat fairly and value equality of opportunity regardless of socio-economic status, domestic circumstances, employment status, political affiliation or trade union membership, and to promote positive practice and value the diversity of all individuals and communities.

This document forms part of the trust's commitment. You are responsible for ensuring that the trust's policies, procedures and obligation in respect of promoting equality and diversity are adhered to in relation to both staff and service delivery.

The equality analysis for this SOP is attached at Appendix (2).

6. DUTIES

The Trust is committed to the delivery of world class care and expertise to both staff and patients, and our values of positively welcoming, actively respectful, visibly reassuring and clearly communicating are fundamental to the delivery of this. This policy has been developed with our values in mind, and is intended to be implemented within the spirit of these values.

The conduct of clinical research studies is the responsibility of the Sponsor, the Chief Investigator and the Principal Investigator at each participating site. The Sponsor, Chief Investigator and Principal Investigator may delegate some of their duties as set out in the delegation log but the responsibility for ensuring that these duties are carried out remains with themselves.

7. PROCEDURE

In summary, the responsibilities are divided as follows by the HRA:

The sponsor is the individual, organisation or partnership that takes on overall responsibility for proportionate, effective arrangements being in place to set up, run and report a research project. All health and social care research has a sponsor. The sponsor is normally expected to be the employer of the chief investigator in the case of non-commercial research or the funder in the case of commercial research. The sponsor has overall responsibility for the research, including:

- quality research proposals, protocols or applications and ensuring that research proposals and protocols:
- take into account systematic reviews of relevant existing research evidence and other relevant research in progress,
- make appropriate use of patient, service user and public involvement and are scientifically sound (e.g. through independent expert review), safe, ethical, legal and feasible and remain so for the duration of the research, taking account of developments while the research is ongoing;
- The Research Ethics Committee (and MHRA if a CTIMP) is notified when the study has ended.
- There are sufficient resources available to complete the study.
- satisfying itself that the investigators, research team and research sites are suitable;
- ensuring that roles and responsibilities of the parties involved in the research and any delegation by the sponsor of its tasks are agreed and documented;
- ensuring adequate provision is made for insurance or indemnity to cover liabilities which may arise in relation to the design, management and conduct of the research project; and
- ensuring appropriate arrangements are made for making information about the research publicly available before it starts (unless a deferral is agreed by or on

behalf of the research ethics committee); agreeing appropriate arrangements for making data and tissue accessible, with adequate consent and privacy safeguards, in a timely manner after it has finished; and ensuring arrangements for information about the findings of the research to be made available, including, where appropriate, to participants;

- ensuring that, where expected or required, the research has approval from a research ethics committee and any other relevant approval bodies before it begins;
- verifying that regulatory and practical arrangements are in place, before permitting the research to begin in a safe and timely manner;
- putting and keeping in place arrangements for adequate finance and management of the research project, including its competent risk management and data management;
- ensuring that effective procedures and arrangements are kept in place and adhered to for reporting (e.g. progress reports, safety reports) and for monitoring the research, including its conduct and the ongoing suitability of the approved proposal or protocol in light of adverse events or other developments.

Sponsors of clinical trials of investigational medicinal products have particular legal duties – see www.hra.nhs.uk/resources - which include

- A EudraCT Number is obtained (European Clinical Trials Database)
- Competent Authority Authorisation (MHRA) is obtained
- Pharmacovigilance (Adverse Event) reporting requirements and time frames are adhered to
- EudraCT and the MHRA are notified when the trial has ended

Universities and colleges should accept the role of sponsor for all educational research conducted by their own students, unless the student is employed by a health or social care provider that prefers to take on this role. Sponsors of educational research should ensure that supervisors can and do carry out the activities involved in fulfilling this role.' (UK policy framework health and social care, 2017)

Sponsor's legal representative

Legal representatives – CTIMPs

If a sponsor(s) of a CTIMP is not based in the European Economic Area (EEA), it is a statutory requirement to appoint a legal representative based in the EEA for the purposes of the trial. Details of the legal representative should be entered in the 'legal representative' section of IRAS.

The legal representative:

- may be an individual person or a representative of a corporate entity;
- does not have to be a legally qualified person;
- should be willing to act as the agent of the sponsor in the event of any legal proceedings instituted in the EEA (e.g. for service of legal documents);
- should be established and contactable at an address in the EEA;

- does not assume any of the legal liabilities of the sponsor(s) for the trial by virtue of the role of legal representative and does not therefore require insurance or indemnity to meet such liabilities; but
- may in some cases enter into specific contractual arrangements to undertake some or all of the statutory duties of the sponsor in relation to the trial, in which case the legal representative would also be regarded as a co-sponsor and would then require insurance or indemnity cover.
- In all cases, evidence should be provided with the application that the legal representative is willing to take on the role of legal representative and is established at an address in the EEA. For example, a copy of correspondence between the sponsor and legal representative on appropriate headed paper could be supplied, or a copy of a contract.
- Where the legal representative is also a co-sponsor, this should be separately recorded on the application form and details given of the allocation of sponsorship responsibilities. Evidence of insurance or indemnity cover should be provided.

The Chief Investigator (CI) An individual who is responsible for the conduct of the whole project in the UK. Our policy states that the named CI should be a researcher who is professionally based in the UK, as they will be:

- able to supervise the research effectively
- readily available to communicate with the Research Ethics Committee (REC) and other review bodies during the application process and where necessary during the conduct of the research.

Chief Investigators of Clinical Trials of an Investigational Medicinal Product (CTIMPs)

The HRA have guidance with the MHRA on who can act as the CI for CTIMPs taking place in the UK. It includes a definition of the term 'Authorised Health Professional': 2004/1031 defines the following: "chief investigator"

(a) in relation to a clinical trial conducted at a single trial site, the investigator for that site, or

(b) in relation to a clinical trial conducted at more than one trial site, the authorised health professional, whether or not he is an investigator at any particular site, who takes primary responsibility for the conduct of the trial;

"investigator" means, in relation to a clinical trial, the authorised health professional responsible for the conduct of that trial at a trial site, and if the trial is conducted by a team of authorised health professionals at a trial site, the investigator is the leader responsible for that team;

Under the Statutory Instrument only 'authorised' health professional from the following professions listed may act as a Chief Investigator (or a Principal or co-investigator) on a CTIMP:

- (a) Doctor

- (b) Dentist
- (c) Nurse
- (d) Pharmacist

The Principal Investigator (PI) An individual responsible for the conduct of the research at a research site. The HRA state that there 'should be one PI for each research site'. In the case of a single-site study, the chief investigator and the PI will normally be the same person.

The PI is responsible for delegation research duties including, but not limited to:

- Informed consent
- Ensuring staff are competent and appropriately qualified to work on a study at site
- Safety reporting
- Oversight and management of Investigational Medicinal Product (IMP)
- Responsibilities stated in the study related agreement.

PIs are responsible for notifying the RFL R&D office and the study sponsor if they are planning any longer-term absence from their duties. Early communication with sponsors and RFL R&D office will enable the sponsor to make a decision about the continuation of their trials, for example conducting the necessary administrative steps to appoint a new PI, where appropriate.

Studies that are open at more than one location at RF

Where a study is open at two or more locations within the RF trust i.e. at both Barnet and Royal Free and it is not feasible for one PI to have oversight of patients safety, data integrity and GCP compliance at both locations, there may be a PI at both locations with agreement with the R&D office and TFC Chairs. If the study is already open at a location within the RF site e.g. at Chase Farm, the proposed new location PI e.g. at Royal Free must inform the other location PI (see SOP 048 TFC and SOP 003 Reporting Amendments) There will only be one contract with the Sponsor (if one required) as RF is one legal entity. Delegation of responsibilities to the PI in such 'cross-site studies' at RF are clarified by both PIs signing Delegation of Duties Agreement (DDA - RFLRDDOC0036) so that the responsibilities for each location are clearly identified and agreed to. See SOP 048 Trial Feasibility).

Student researchers

Under the UK Policy Framework for Health and Social care, 'students should not normally take the role of chief investigator at any level of study, as this function should be undertaken by supervisors or course leaders.' However, the policy goes on to state that '-undergraduate students should only conduct research projects in isolation that involve direct contact with patients, service users or the public in a health or social care setting if on-site supervision arrangements mitigate any risks'.

All Research Staff at RF are responsible for:

- demonstrating to chief investigators and sponsors their suitability to conduct the research;

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- acquiring any particular knowledge and skills in order to conduct the research, including reading the protocol, attending GCP training where appropriate (see SOP 005 GCP training and 004 Training records) and any study specific SOPs;
- conducting the research according to the approved version of the research protocol and REC approved docs, in compliance with any applicable regulatory standards and guidance;
- To report any failures in these respects, and suspected misconduct (see SOP 032 Noncompliance and SOP 034 Misconduct)
- When delegated informed consent, providing information in a suitable format for potential participants that is clear and relevant to their participation in the research and, where consent is required, to their decision-making about taking part in the research; and
- ensuring participants' safety and well-being in relation to their participation in the research (e.g. by asking questions about the patient's experience with the research intervention) and recording (and reporting when appropriate) adverse events where expected or required.
- Complying with RF SOPs.

8. POLICY

This SOP is mandatory and non-compliance with it may result in disciplinary procedures.

9. RISK MANAGEMENT/ LIABILITY/MONITORING & AUDIT

- The SOP Working Group will ensure that this SOP and any future changes to this document are adequately disseminated.
- The R&D Office will monitor adherence to this SOP via the routine audit and monitoring of individual clinical trials and the Trust's auditors will monitor this SOP as part of their audit of Research Governance. From time to time, the SOP may also be inspected by external regulatory agencies (e.g. Care Quality Commission, Medicines and Healthcare Regulatory Agency).
- In exceptional circumstances it might be necessary to deviate from this SOP for which written approval of the R&D Manager/Deputy R&D Director should be gained before any action is taken.
- SOP deviations should be recorded including details of alternative procedures followed and filed in the Investigator and Sponsor Master File.
- The R&D Office is responsible for the ratification of this procedure.

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<https://www.royalfree.nhs.uk/research/for-investigators/standard-operating-procedures-sops/>

10. FORMS/TEMPLATES TO BE USED

None applicable

11. FLOWCHART

None applicable

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APPENDIX 1
SOP Reading Log

READ BY			
NAME	TITLE	SIGNATURE	DATE

APPENDIX 2

Royal Free London NHS Foundation Trust Equality Analysis guide and Tool

An equality analysis is a review of a policy, practice, function, business case, project or service change which establishes whether there is a negative effect or impact on particular social groups. This In turn enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality to meet the needs of the diverse patients and communities we serve.

This check list is a way to help you think carefully about the likely impact on equality groups and take action to improve services. This is also an opportunity to evidence positive practices in our services and demonstrate strategic integrity to ensure that our services and employment practices are fair, accessible and appropriate for all patients, visitors and carers, as well as our talented and diverse workforce.

Name of the policy / function / service development being assessed	Roles and Responsibilities in research
Briefly describe its aims and objectives:	To describe the roles and responsibilities pertaining to research
Directorate and Lead:	Rachel Fay, R&D Manager, R&D Office
Evidence sources: DH, legislation. JSNA, audits, patient and staff feedback	Medicines for Human Use (Clinical Trials) Regulations 2004 and all associated amendments. UK Policy Framework for Health and Social Care (2017)
Is the Trust Equality Statement present?	Yes No if no do not proceed with Equality Analysis (EA)

If you are conducting an EA on a procedural document please identify evidence sources and references, who has been involved in the development of the document, process or strategy, and identify positive or negative impacts. It is the discussion regarding the equality impact of the document that is important.

Equality Analysis Checklist

Go through each protected characteristic below and consider whether the policy, practice, function, business case, project or service change could have any impact on groups from the identified protected characteristic, involve service users where possible and get their opinion, use demographic / census data (available from public health and other sources), surveys (past or maybe carry one out), talk to staff in PALS and Complaints and Patient Experience.

Please ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART).

Equality Group	Identify negative impacts	What evidence, engagement or audit has been used?	How will you address the issues identified?	Identifies who will lead the work for the changes required and when?	Please list positive impacts and existing support structures
Age	None identified	R&D administrative document	NA	NA	This SOP includes the Trust Equality Statement, as well as the results from the Equality Assessment for this SOP. These actions are designed to embed the equality agenda and promote equality compliance within the Trust.
Disability	None identified	R&D administrative document	NA	NA	
Gender Reassignment	None identified	R&D administrative document	NA	NA	
Marriage and Civil Partnership	None identified	R&D administrative document	NA	NA	
Pregnancy and maternity	None identified	R&D administrative document	NA	NA	

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Equality Group	Identify negative impacts	What evidence, engagement or audit has been used?	How will you address the issues identified?	Identifies who will lead the work for the changes required and when?	Please list positive impacts and existing support structures
Race	None identified	R&D administrative document	NA	NA	
Religion or Belief	None identified	R&D administrative document	NA	NA	
Sex	None identified	R&D administrative document	NA	NA	
Sexual Orientation	None identified	R&D administrative document	NA	NA	
Carers	None identified	R&D administrative document	NA	NA	

It is important to record the names of everyone who has contributed to the policy, practice, function, business case, and project or service change.

Equality Analysis completed by: (please include every person who has read or commented and approval committee(s). Add more lines if necessary)	Organisation	Date
SOP Working Group	Royal Free London NHS Foundation Trust	06/12/2017
R&D Committee	Royal Free London NHS Foundation Trust	25/01/2018

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