

Standard Operating Procedure

# INVESTIGATOR OVERSIGHT OF RESEARCH

<b>SETTING</b>	Trustwide
<b>FOR STAFF</b>	Chief and Principal Investigators of research sponsored and/or hosted by UHBristol
<b>ISSUE</b>	Oversight of research

## Standard Operating Procedure (SOP)

Author:	Diana Benton	Role:	Head of Research & Innovation
Approved by:	Trust Research Group		
Date for review:		Reviewer (role):	

Date reviewed	Version number	Version Date	Effective Date	Reason for change	Author/Responsible person	Authorised by
	1.0	27/07/15		New SOP	Diana Benton	

### 1. Purpose

The purpose of this document is to describe the responsibilities of Chief and Principal Investigators in relation to oversight of research sponsored and hosted by UH Bristol.

### 2. Scope

**In scope:** Investigators undertaking the role of Chief or Principal Investigator for research sponsored and hosted by UH Bristol

### 3. Definitions/Abbreviations

ASR	Annual Safety Report
CI	Chief Investigator*
CTIMP	Clinical Trial of Investigational Medicinal Product
CTU	Clinical Trials Unit
DSMB	Data Safety Monitoring Board
DSUR	Development Safety Update Report
GCP	Good Clinical Practice
ICF	Informed Consent Form
MHRA	Medicines and Healthcare Products Regulatory Authority
PI	Principal Investigator**
PIS	Participant Information Sheet

TMF	Trial Master File
TMG	Trial Management Group
ISF	Investigator Site File
REC	Research Ethics Committee

\*The **Chief Investigator** is the authorised health professional appointed by the sponsor of a research study, whether or not he/she is an Investigator at any particular site, who takes primary responsibility for the conduct and reporting of that study.

\*\*The **Principal Investigator** may be the Chief Investigator. Where the research involves more than one site, the Principal Investigator is the person at the site responsible for conducting the research to required standards.

#### 4. Resource

The CI/PI is responsible for ensuring adequate resources are in place to conduct the research. This includes funding, staff and infrastructure.

- **Funding:** a record of trial finances will be kept and maintained in liaison with a member of the trust finance department. This will specifically document invoicing arrangements with all parties internally and externally to the Trust (e.g. support departments) who will be in receipt of funds as a result of their involvement in the study. The CI will take responsibility for ensuring that the terms agreed in funding or collaboration agreements for the study are complied with.
- **Staffing:** Before agreeing to start a study, the PI must ensure that adequate resource will be available at their site to deliver the study in accordance with the protocol and agreements in place. Within UHBristol this should be done in conjunction with managers of divisional research teams and the R&I department, if necessary (research matron as first point of contact). The CI must seek assurance from each PI that resource is in place.
- **Infrastructure:** it is the responsibility of the CI/PI to ensure that there are arrangements in place to enable delivery of the research in accordance with the protocol and agreements prior to the research commencing. This may include identifying and securing imaging, laboratory or pharmacy resource, making sure rooms are available etc. Managers of divisional research teams can help CI/PI in securing this resource if required.

#### 5. Staff Training/Qualifications and contractual arrangements

For IMP trials Part 2(11) of Schedule 1 to SI 2004/1034 states:

‘The medical care given to, and medical decisions made on behalf of, subjects shall always be the responsibility of an appropriately qualified doctor or, when appropriate, of a qualified dentist’

The CI/PI therefore is responsible for ensuring that only appropriately qualified personnel assess eligibility and make medical decisions on behalf of participants. These processes must be **fully documented**.

It is the responsibility of the CI/PI to ensure that all staff involved in the conduct and management of a research study are appropriately qualified and trained to undertake their delegated duties. This will include, but is not limited to, Clinical Trial Coordinators, Research Nurses, Pharmacy and Radiology staff and Co-Investigators. It may also include clinical staff who are delivering some of a research intervention. The CI/PI must ensure that all staff have undertaken GCP at a level commensurate with their involvement in the study, study-specific training and are familiar with all

UH Bristol Research & Innovation SOPs appropriate to their role within the study. Staff must document their training in any new or updated documentation (study specific, Trust-wide or relevant legislation) during the course of the study using a study training log.

The ISF should contain an up-to-date, signed copy of research staff CVs as well as certificates and other evidence of relevant training.

If staff are working on multiple studies, it is acceptable to place a file note in the ISF referring readers to a centrally held CV and training log file. The CI/PI must, however, ensure that study specific training is in the ISF and that centrally held files are archived and easily located in relation to individual trials.

The CI/PI must ensure that all team members who have direct involvement with research subjects and /or personal-identifiable data have appropriate HR arrangements in place with UHBristol at the time of their involvement.

## 6. Communication with Regulatory Authorities and the Sponsor

The CI/PI will make sure that appropriate arrangements are in place to ensure communication with regulatory authorities, the sponsor and the host organisation takes place on an ongoing basis throughout the course of a study. Formal communications must take place around protocol amendments, urgent safety measures, protocol breaches and violations, safety reporting, annual reports and DSURs; this list is not exclusive. See “Gaining and Maintaining Authorisations” SOP.

For UHBristol or UoBristol sponsored studies, reminders will be generated using the research management system and sent by the R&I team to the CI.

For hosted studies, the PI should expect to be reminded by the sponsor if/when their input is required.

Further guidance on processes and the requirements of regulatory bodies and the sponsor can be found in the “Gaining & Maintaining Authorisations” SOP and for UH Bristol sponsored research, the “Sponsorship” SOP.

If the CI/PI delegates any of these responsibilities to a member of the research team, this will be documented on the study delegation log which will be filed in the ISF.

Please note it remains the CI/PI’s responsibility to confirm that individuals are adequately qualified and trained to undertake delegated tasks. Despite delegating certain roles and duties within the trial, **the responsibility for the research itself remains with the CI/PI.**

## 7. Protocol Compliance

The CI/PI is responsible for ensuring that research is conducted in accordance with the protocol. This will include (but is not limited to):

- Documenting PI involvement in eligibility and dosing decisions
- Ensuring protocol study visit schedules are followed and documented
- Ensuring complete and accurate CRF completion is taking place in a timely manner by appropriately delegated research team personnel
- Ensuring that randomisation and unblinding procedures are in place and followed
- Ensuring that TMG, DSMB, steering committees and other oversight bodies referred to in the protocol are established, convened and documented; attending meetings of such groups and

ensuring relevant discussions and decisions are documented.

- Notifying regulatory organisations (such as the REC and MHRA) of breaches and amendments in accordance with the “Gaining & Maintaining Authorisations” SOP.

The CI/PI can document oversight of Protocol compliance by a variety of methods, including reviewing and signing eligibility CRFs, documented review of laboratory tests and safety data, entries in the patient notes, notes of meetings where decisions and discussions have taken place, documented review of study data and/or data queries.

## 8. IMP

If the trial is a CTIMP, the CI is responsible for IMP accountability at all participating sites. It is the CI’s responsibility to ensure that appropriate procedures/arrangements are in place for storage (including risk assessment should the IMP be stored outside of pharmacy), dispensing, accountability, unblinding and destruction of the study drug. These activities can be assigned to an appropriately qualified pharmacist, ensuring that the study delegation log is amended accordingly. A trial specific pharmacy file should be established at all sites, to contain all study specific pharmacy SOPs, the latest version of the study protocol, a current version of the SmPC or IB and all other required documentation required to comply with the legislation. Further information on pharmacy arrangements for IMP trials can be found in the IMP SOP.

It is the CI’s responsibility and PI’s at their own site to ensure that the latest version of the protocol is provided to all personnel involved in delivering the research, including support departments e.g. pharmacy, labs, radiology etc.

## 9. Randomisation

In order to demonstrate that a system of randomisation is robust and has been followed, the CI/PI must ensure that the following is documented and stored in an appropriate location:

- The method by which a randomisation list was generated. This can be through the use of a reputable third party; however methods must be described robustly and documented in the TMF.
- A master randomisation list
- That the master randomisation list was followed (only possible at the end of the trial).

All of the above documentation must be stored in the TMF which should be retained in accordance with the sponsor’s archiving guidelines. Further information on randomisation can be found in the Study Data SOP.

## 10. Informed Consent

The CI/PI is required to ensure that informed consent is given by and documented for all participants enrolled in a research study in accordance with the protocol, approved study documentation and ethical approval. Consent should only be received by an appropriately qualified medical or allied health professional who has undertaken appropriate GCP training. The CI/PI must ensure that where practical, health or social care professionals are notified of the participants’ involvement in a research study. This notification can be by means of including a copy of the participant’s signed informed consent form and associated PIS in their medical notes or by sending a letter to the GP.

## 11. Safety

The safety of the participants is paramount and it is the CI/PI responsibility to ensure that mechanisms are in place to document and report Adverse Events and other safety concerns in line

with the sponsor's requirements. Reporting requirements must be followed, including for serious breaches, annual safety reporting and DSURs, and urgent safety measures (see "Gaining & Maintaining Authorisations" SOP). Where UH Bristol is sponsor please refer to the Research Safety Reporting SOP). CI's should have oversight of all relevant adverse events reported during the research and should provide input in assessing continued safety of participants and benefit/risk considerations in accordance with sponsor requirements. CI involvement (and PI at sites) should be adequately documented.

## 12. Investigator Sites

CI/PIs must ensure that investigator sites have the capability and capacity to deliver the research as required by the protocol. CI/PIs must ensure that at each site no patient recruitment begins prior to required regulatory and sponsor authorisations being in place. The CI is responsible for putting mechanisms in place to update the participating sites of any amendments and the PIs must ensure all team members are notified and trained and the amendment implemented accordingly. This process will be documented in the TMF and ISF respectively.

## 13. Trial Records

Each study must have a TMF held at the sponsoring organisation. For UH Bristol sponsored studies the TMF should be organised in line with the appropriate TMF template depending on whether the trial is a CTIMP or non-CTIMP. In addition, at each participating site, an ISF should be established and maintained. For UH Bristol sponsored studies it is a requirement that all participating sites use the UHBristol standard ISF template, unless agreed otherwise prior to study start. It is the responsibility of the CI/PI to ensure that appropriate trial records are established, maintained and made available for monitoring as required.

It is the responsibility of the CI to ensure that there are appropriate quality checks and validation processes for data generated by the study, in accordance with the data management plan.

Arrangements for archiving should be considered before a study has commenced.

## 14. Premature termination or suspension of trial

The CI/PI will promptly inform trial subjects, the host institution, sponsor, REC and MHRA (if applicable) if the trial ends prematurely or is suspended. For further guidance please refer to the Research Safety Reporting SOP and Gaining and Maintaining Authorisations SOP.

### IMPORTANT NOTE:

This procedure has been screened for equality impact; it was not assessed as having adverse effects on any section of the community.

---

### RELATED DOCUMENTS

Authorship, review, revision and approval of research procedural documents produced by Research & Innovation SOP  
Gaining and Maintaining Authorisations SOP  
Research Safety Reporting SOP  
IMP SOP  
Monitoring SOP

### QUERIES

Research Operations Manager or Research Management Facilitators - Research & Innovation Department via 0117 342 0233