York Foundation Trust R&D Unit
Standard Operating Procedure
R&D/S07

Implementing Amendments for Research Studies NOT Sponsored by the Trust

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the R&D Unit's website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.northyorksresearch.nhs.uk/sops.html and/or Q-Pulse

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	Date:	13th July 2017
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	Signature:	Signed copy held by R&D Unit
	Date:	13th July 2017

This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

1 Version	Date Implemented	Details of significant changes
1.0	28th September 2009	
2.0	14th November 2011	Update due to new NIHR CSP amendment guidance and changes to definitions by MHRA. SOP separated into separate SOPs for sponsored and hosted studies. Revised to incorporate amendments for non-CTIMP studies.
3.0	13th May 2013	Removal of references to the North and East Yorkshire R&D Alliance. Addition of Process Flowchart.
4.0	26th September 2016	Re-write to incorporate the new HRA process
5.0	15th August 2017	Sent to research teams for feedback: added classification of amendments, amendment categories and split of responsibilities between R&D and Research Teams. Appendix 1 re-written to reflect HRA process.

Contents

1. Introduction, Background and Purpose

This SOP describes the procedure for implementation of amendments to the protocol other essential documents or study arrangements for research studies not sponsored by, but taking place within, the Trust.

2. Who Should Use This SOP

This SOP is aimed at Principal Investigators (PIs), research staff and staff in all involved service departments in the Trust where externally-sponsored research studies are hosted.

In this SOP the Trust means York Teaching Hospital NHS Foundation Trust and applies to all sites within the Trust.

3. When this SOP Should be Used

This SOP should be used:

- when notification is received that an amendment has been made to a research study;
- when the RSI (Reference Safety Information) have been updated for an externally sponsored clinical trial of an investigational medicinal product (CTIMP).

For CTIPM studies the RSI should be clearly identified in the protocol and specified in the Clinical Trial Authorisation application. The study sponsor should clearly define the RSI for a trial, for example a clearly defined section of the IB (Investigator Brochure) or SmPC (Summary of Product Characteristics)**.**

Please note: The entire IB or SmPC is not the RSI, but a clearly defined section within this document. Investigators should confirm with the study sponsor if there is any uncertainty as to where to locate the RSI or what the current version of the RSI is. Any changes to RSI should be submitted to all Sites as a substantial amendment.

4. Procedure(s)

4.1 Amendments and their classification

Amendments are changes made to a research study after review body approval has been received. An amendment can be either:

- Substantial; an amendment to the terms of the application, or to the protocol or any other supporting documentation that is likely to affect the safety or mental integrity of participants, the scientific value of the study, the conduct or management of the study or the quality or safety of any IMP in the trial.

- Non-substantial (minor); changes to the details of a trial that are administrative.

It is the Sponsor's responsibility to decide whether an amendment is substantial or non-substantial.

<u>This SOP applies to all substantial and non-substantial amendments.</u>

Unless it is an Urgent Safety Measure (see R&D/S68) an amendment should only be implemented in the Trust once all approvals from the relevant review bodies have been received (HRA, REC and MHRA).

4.2 Amendment categories

The HRA will assign a category to each amendment:

- Category A: An amendment to a research study that ALL participating NHS organisations are expected to consider.
- Category B: An amendment to a research study that only those participating NHS organisation affected by the amendment are expected to consider.
- Category C: An amendment to a research study that participating NHS organisations are not expected to consider.

4.3 R&D Unit Responsibilities

Amendments should be received from the Sponsor into the research governance mailbox. Upon receipt, details of the amendment will be sent to the appropriate research team and support departments for review.

NOTE: If the research team receives an amendment directly from the Sponsor they should forward it to the research governance mailbox.

Once all relevant regulatory approvals and local approvals (from the study PI/Research Team & relevant support departments) have been received, the R&D will issue Confirmation of Continuing Capacity and Capability.

4.4 PI and Research Team Responsibilities to review the amendment

The PI is responsible for either carrying out the tasks outlined below or for ensuring formal delegation to an appropriate member of the Investigator Team.

Upon receipt of an amendment from the Research Governance team, the Research team and PI must review the amendment.

Research teams should ensure that amendments are reviewed carefully. If there is *any* aspect of an amendment that the team are unsure about, they should liaise directly with the study Sponsor and the PI. If the research team and the PI do not wish to implement the amendment, Research Governance must be informed within **35 days** of the notification of the amendment. If more time is required to review the amendment please inform Research Governance in order to ensure that the amendment is not automatically implemented after 35 days.

The PI should confirm that they are happy to proceed with the amendment in order to demonstrate oversight and there should be documented evidence of this in the study Investigator Site File (ISF). Amendments should not be implemented without review and approval by the PI.

If the Research Governance team do not hear anything within **35 Days** of notification of the amendment, approval will be assumed and an email of Continuing Capacity and

Capability will be sent to the Sponsor once all relevant regulatory approvals have been received.

4.5 Implementing Amendments in the Trust

On receipt of an email confirming Continuing Capacity and Capability, the PI (or delegated other) should contact the relevant support departments and agree a local implementation date on which the amendment will be implemented in the Trust.

For substantial amendments, the Amendment Checklist (see R&D/F18) should be used to manage the implementation process.

All amendments should be logged on an Amendment Log (R&D/F118).

Teams should print and file the following documents in the Investigator Site File (ISF):

- REC favourable opinion letter
- MHRA approval (for a substantial amendment to a CTIMP)
- HRA Assessment
- HRA Approval
- PI/Research Team's approval/or rejection of the amendment
- R&D Continuing Capacity & Capability email

Teams must also:

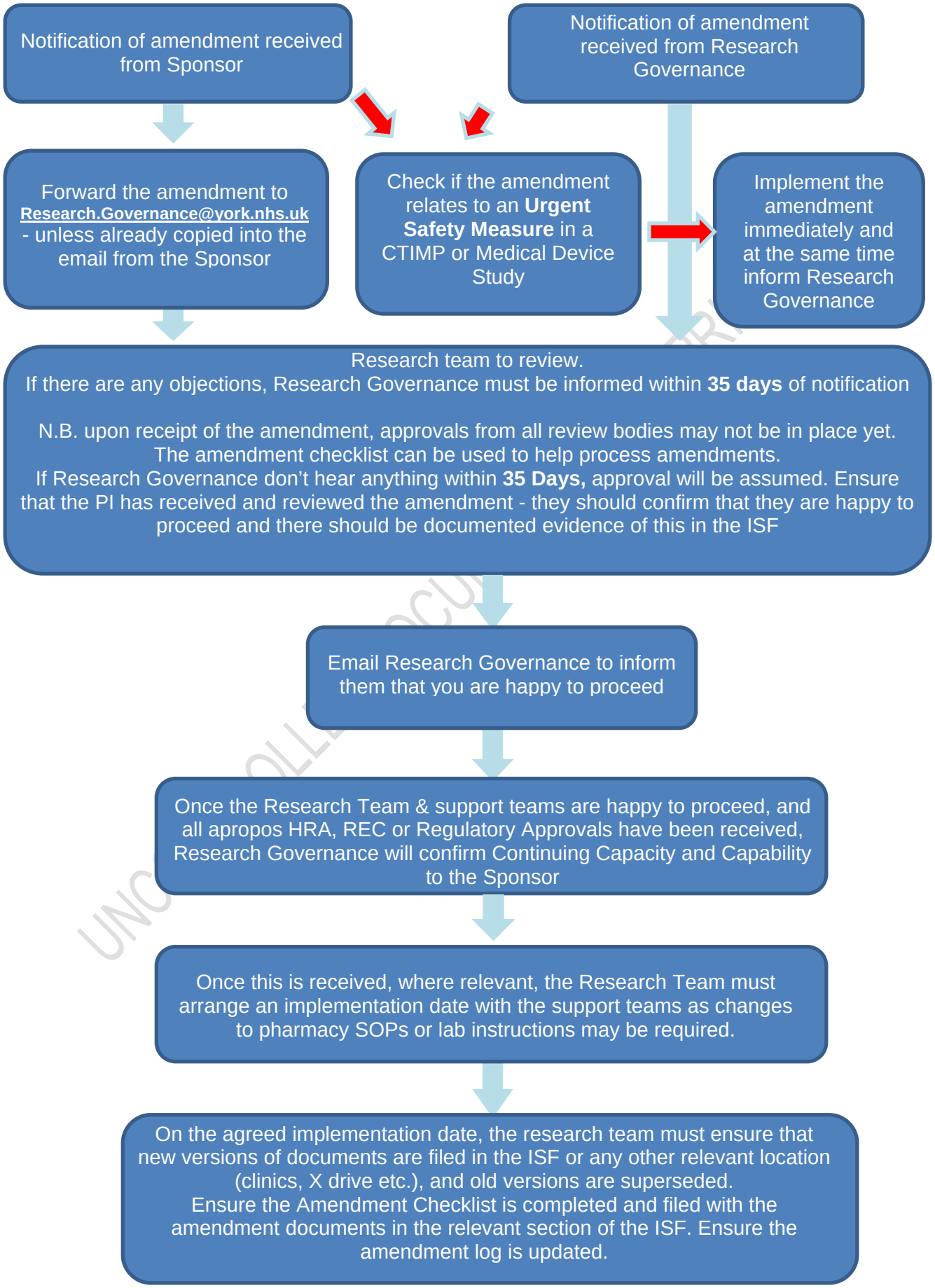
- Print and file the completed Amendment Checklist (R&D/F18)
- Update the study amendment log (R&D/F118)
- Print and file the relevant amended study documents/supersede old versions
- Inform wider clinical team and assist recruitment if eligibility criteria or information about the study is affected.
- Replace any superseded documentation in clinical areas (if applicable) or on computer systems.

If the amendment cannot be implemented on the agreed date for any reason, document the reasons why on the R&D/F18.

5. Related SOPs and Documents

R&D/S75	R&D Processing of Amendments
R&D/F18	Amendment Checklist (Research Team)
R&D/F118	Amendment Log

APPENDIX 1


Notification of amendment received from Sponsor
Notification of amendment received from Research Governance
Forward the amendment to Research.Governance@york.nhs.uk - unless already copied into the email from the Sponsor
Check if the amendment relates to an **Urgent Safety Measure** in a CTIMP or Medical Device Study
Implement the amendment immediately and at the same time inform Research Governance
Research team to review.
If there are any objections, Research Governance must be informed within **35 days** of notification
N.B. upon receipt of the amendment, approvals from all review bodies may not be in place yet.
The amendment checklist can be used to help process amendments.
If Research Governance don't hear anything within **35 Days,** approval will be assumed. Ensure that the PI has received and reviewed the amendment - they should confirm that they are happy to proceed and there should be documented evidence of this in the ISF
Email Research Governance to inform them that you are happy to proceed
Once the Research Team & support teams are happy to proceed, and all apropos HRA, REC or Regulatory Approvals have been received, Research Governance will confirm Continuing Capacity and Capability to the Sponsor
Once this is received, where relevant, the Research Team must arrange an implementation date with the support teams as changes to pharmacy SOPs or lab instructions may be required.
On the agreed implementation date, the research team must ensure that new versions of documents are filed in the ISF or any other relevant location (clinics, X drive etc.), and old versions are superseded.
Ensure the Amendment Checklist is completed and filed with the amendment documents in the relevant section of the ISF. Ensure the amendment log is updated.