

## 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 Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.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: <https://www.research.yorkhospitals.nhs.uk/sops-and-guidance/> and/or Q-Pulse

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Authors:	Monica Haritakis
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Approved by:	Name/Position:	Lydia Harris, Head of R&D
	Signature:	Signed copy held by R&D Unit
	Date:	24 <sup>th</sup> October 2018
	Name/Position:	Sarah Sheath, SOP Controller
	Signature:	Signed copy held by R&D Unit
	Date:	24 <sup>th</sup> October 2018

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.

<b>1</b>	<b>Version</b>	<b>Date Implemented</b>	<b>Details of significant changes</b>
	1.0	28 <sup>th</sup> September 2009	
	2.0	14 <sup>th</sup> 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	13 <sup>th</sup> May 2013	Removal of references to the North and East Yorkshire R&D Alliance. Addition of Process Flowchart.
	4.0	26 <sup>th</sup> September 2016	Re-write to incorporate the new HRA process
	5.0	15 <sup>th</sup> 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.
	6.0	21 <sup>st</sup> November 2018	Highlighted the need for research teams to agree implementation dates with support departments before making changes

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## 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 and Scarborough Teaching Hospitals 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 CTIMP 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.

This SOP applies to all substantial and non-substantial amendments.

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.

NOTE: Some sponsors still request a formal review and response within 35 days for category C amendments – hence, make sure you read all emails fully before acting

#### 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. This email simply tells the sponsor everyone involved is happy with the changes. It is NOT an email to initiate implementation of the amendment. The R&D Confirmation of Continuing Capacity and Capability email has been updated to highlight the need to contact support departments to agree an implementation date.

#### 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 research team (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. This is done because support departments sometimes need to make many changes to their documents and labels before they can implement amendments.

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

