York Foundation Trust R&D Unit
Standard Operating Procedure
R&D/S71

Auditing of Research Studies and Processes

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 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 Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.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

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	Date:	10th April 2017
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	Date:	10th April 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.

Version	Date Implemented	Details of significant changes
1.0	1st February 2012	
2.0	12th August 2014	Removal of references to the North and East Yorkshire R&D Alliance. Process changes have been made in relation to section 4.1, 4.2 and 4.4.
3.0	21st September 2015	Change of author. General update- minor changes.
4.0	2nd May 2017	Change of author. General update to types of audits and other minor changes.

Contents

1 Introduction, Background and Purpose

UK Clinical Trials Regulations require that procedures to secure the quality of every aspect of the trial are implemented and complied with.

The Research Governance Framework for Health and Social Care 2005, 2nd Edition (RGF) requires that a care organisation must ensure that legislation applicable to research is followed for both Sponsored and hosted research studies where care is being provided to research participants.

ICH Good Clinical Practice (ICH GCP) defines audit as a systematic and independent examination of trial related activities and documents to determine whether the evaluated trial related activities were conducted, and the data were recorded, analysed and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), Good Clinical Practice (GCP), and the applicable regulatory requirement(s).

The purpose of this SOP is to describe the procedures for auditing research studies sponsored or hosted by York Teaching Hospital NHS Foundation Trust (The Trust) and the audit of the R&D Quality Management System (QMS).

This SOP covers the process of selection of studies for audit to ensure that the Trust meets its obligations under both the Medicines for Human Use (Clinical Trials) Regulations 2004 and subsequent amendments and the Department of Health Research Governance Framework for Health and Social Care 2005 (2nd Edition), the conduct and reporting of audits and the process by which corrective and preventative actions are managed.

2 Who should use this SOP

- R&D Unit staff engaged in setting up Trust hosted, sponsored or co-sponsored research studies.
- CIs and other investigators for Trust hosted, sponsored or co-sponsored research studies.
- Principal Investigators at participating Sites involved in Trust sponsored or co-sponsored research studies.
- All staff engaged in research studies whether sponsored or hosted.
- Auditors employed by or contracted to a sponsoring or co-sponsoring the Trust.

3 When this SOP should be used

This SOP applies during the preparation of, and throughout the conduct of a research study and the audit of the R&D Quality Management System (QMS).

4 Procedure

4.1 Trust Sponsored or Co-Sponsored Studies

All Studies sponsored or Co-sponsored by the Trust will be assessed for ‘risk’ during the research governance process. As from April 2017 each study sponsored by the Trust will have a trial-specific Monitoring Plan based on the Monitoring Plan Template (R&D/T03) that

will detail how the monitoring procedure (as set out in R&D SOP/08) will apply to the particular study.

4.2 Hosted Studies

Once confirmation of Capacity and Capability has been received, the Audit Prioritisation Tool (R&D/F57) will be completed by research Quality Assurance (QA) staff. The prioritisation category assigned to the study will determine the likelihood of the study being audited. Discretion can also be used to up- or down-grade the category assigned. This decision together with appropriate justification will be documented in the comments section of the Audit Prioritisation Tool. The process is intended to ensure that at least 10% of studies are subject to routine audit. Each clinical specialty/research team should be audited at least once every three years. Studies should be selected in line with the prioritisation category assigned by the Audit Prioritisation Tool. Discretion can be used to increase or decrease the frequency of audits in a particular speciality. The following studies will normally be excluded:

- Commercially Sponsored Studies (where monitoring is in place)
- Studies that are yet to recruit
- Studies that have closed to recruitment
- Studies that have been recently audited/inspected

In addition, it may be necessary to conduct a specific triggered or “for cause” audit where compliance issues have been identified by other means e.g. monitoring or concerns voiced by study team.

Once completed the Audit Prioritisation Tool form will be filed in the R&D Unit Audit Assessment file and a copy saved in the Edge folder for that study.

4.3 Quality Management System Audits

Key processes as outlined in the R&D Unit Standard Operating Procedures will be subject to regular audit. An annual audit schedule will be developed specifying the frequency of audits. Any deviations from this schedule will be documented.

These audits may include, but are not limited to:

- Support department audits (pharmacy, radiology, laboratory)
- Informed Consent
- Capacity and Capability
- Pharmacovigilance
- Q-Pulse
- Training files
- DATIX
- Data storage and management
- Intellectual Property
- Suspected Serious Braches

The R&D Unit will arrange for independent audit of the R&D Unit on a periodic basis to provide an independent assurance of compliance with its quality system.

4.4 Audit Conduct

Following selection of a research study or process for audit, the Auditor will inform the Chief/Principal Investigator (CI/PI) for the study, the relevant research team or relevant departmental managers (for process audits) by email that an audit is to be conducted. Generally between 2 to 4 weeks' notice will be given in order to allow time for preparation, unless the audit is "for cause". Once a date is agreed, the Auditor will forward further information to the investigator about the audit scope.

The audit will usually start with a discussion with the investigator and/or members of the study team if appropriate. During this meeting the auditor will explain the scope and objectives of the audit and how these will be achieved; activities may include but are not limited to:

- Review of Investigator Site File
- Review of completed Informed Consent Forms
- Review of Case Report Forms and associated source data (including medical records)
- Access to the Electronic Data Capture System, if applicable
- Review of training records
- Review of Study specific SOPs
- Review of facilities where the research is conducted (including clinical areas and Pharmacy/Labs/Radiology).
- Review of charts/records for sample collection; temperature monitoring; sample processing.
- Discussions with Study Team.

Any issues that are picked up during study audit visits will help to inform which processes/support departments are to be added to the annual audit schedule.

Once the audit is completed a meeting should be held with site staff (including PI if available) to verbally feedback any findings if appropriate.

4.5 Audit Report Forms

The appropriate Audit Checklist should be used or created specifically for the audit to be undertaken.

All audit observations and findings will be documented on an Audit Report Form.

Findings will be graded according to the following criteria:

***Critical**: Where evidence exists that significant and unjustified departure(s) from applicable legislative requirements has occurred with evidence that the safety or well-being of research subjects either have been or have significant potential to be jeopardised, and/or the study data are unreliable.*

***Major**: Where evidence exists that a significant and unjustified departure from applicable legislative requirements has occurred that may not have developed into a critical issue, but may have the potential to do so unless addressed or where evidence exists that a number of departures from applicable legislative requirements and/or established GCP guidelines have occurred within a single area of responsibility indicating a systematic quality assurance failure.*

***Minor**: All other findings.*

Original Audit reports will be filed in the R&D Unit Audit Report File situated within the R&D office. Copies should not be filed in the Investigator Site File as this is an internal process.

As soon as possible after the Audit visit the auditor will generate a draft Audit Report, and any draft Action Lists required to be given to the Quality Assurance Officer or other appropriate individual for review (Research Adviser/ or Head of R&D). This will be done within two weeks of the visit unless this is impossible for some reason, in which case the Auditor will agree another due date.

Following review of the draft Report the reviewer may ask the Auditor to add items to the Action Lists before issuing them to the Investigator Team. The CI/PI/other person specified to carry out actions will ensure these are done within the stated time and return all signed Action List(s) to the Auditor in confirmation. Audit findings will not normally be communicated to Sponsor organisations for hosted studies unless there is a serious breach or non-compliance identified in which case it will be communicated to the Sponsor in line with SOP R&D/S04 by a member of the R&D Unit.

The R&D Auditor will inform the Research QA Officer or other appropriate individual if there are problems in relation to completion of Action Lists so they can manage use of time taken to resolve issues and arrange for R&D Unit support where applicable. Persistent failure to resolve issues could result in escalation to the R&D Group as a risk issue.

When any required actions have been completed the report will be signed off by the Auditor. The signed Report will be filed in the R&D Unit Audit Report File, together with the signed Action Lists. Completed Audit checklists will be filed electronically and stored on 'X drive' and on Edge.

4.6 Corrective and Preventative Action (CAPA) Plans

Issues identified on studies that cannot be resolved within the timeframe on the audit, for example, because the root cause is a process issue that potentially affects multiple studies, can be closed on the audit report but added to a CAPA Plan. The CAPA plan will include details of the issue and staff responsible for implementing preventative action together with a timeframe. CAPA plans will be reviewed periodically until issues have been resolved, to avoid the risk of them not being completed.

Once the action is implemented it will be signed off on the CAPA plan by the responsible staff.

5 Related SOPs and Documents

R&D/S02	Application to the Trust for sponsorship of a CTIMP
R&D/S04	Serious Breach of GCP or Study protocol
R&D/S03	Delegation of Roles and Responsibilities for Trust sponsored Research Studies
R&D/S09	Set Up and Management of Research Studies
R&D/S28	Quality Assurance
R&D/F11	Investigator Site File (Hosted Studies)
R&D/F67	Audit Checklist
R&D/F68	Audit Report
R&D/F57	Audit Assessment Tool
R&D/F98	Medical Records Checklist
R&D/F99	Informed Consent Checklist
R&D/F100	Pharmacy Checklist