Standard Operating Procedure (SOP)

Sponsorship for CTIMPs

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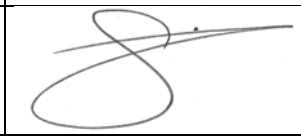
Signature of Authoriser			

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They may print off this document for training and reference purposes.

SOP Chronology		
SOP Version Number:	**Reason for Change:**	**Author:**
V1.0	Original Version	Ailsa Withers
V2.0	Updated to reflect new process adopted by JRO since Jan 2010 and to issue new SOP ID number in line with SOPs designed to outline new JRO processes and procedures	Ira Jakupovic
V3.0	Review of V2.0	Ira Jakupovic
V4.0	Updated in line with new JREO SOP template and ID issue number and to incorporate new process and procedure	Debbie Rolfe
V5.0	Updated with new Trust Foundation status	Debbie Rolfe
V6.0	Reviewed and updated to include HRA changes	Debbie Rolfe
V7.0	Requirement for deputy PI to cover in absence of CI	Debbie Rolfe
V8.0	Incorporate Portfolio adoption, HTA registration and Data repository	Debbie Rolfe
V9.0	Update to reflect the change in job titles and insertion of associated JRES documents. Update to procedure to reflect current practice. **Incorporation of JREOSOP0004 and JREOSOP0005 into this SOP.**	Georgia Bullock
V10.0	Update to reflect the new HRA Combined Review processes.	Georgia Bullock

Associated JRES documents

SOPs	WPDs	Docs	LOGs
JRESGOVSOP0009 Site Initiation, Monitoring and Close-Out JRESGOVSOP0046 Transferring Sponsorship JRESGOVSOP0017 Confirmation of Capacity and Capability for St George's Hosted Research	JRESWPD0007 Issuing Sponsorship - CTIMPs JRESWPD0023 General Research Definitions JRESWPD0024 Applying for Approvals JRESWPD0028 Site Set-Up	JRESDOC0001 Interventional Study Protocol Template JRESDOC0118 Study Registration Questionnaire JRESDOC0083 Site Feasibility Checklist JRESDOC0013 Delegation of Duties Sponsorship Agreement (DDSA) for CTIMPs JRESDOC0119 Risk Assessment Tool JRESDOC0015 Sponsorship in Principle Letter CTIMPs JRESDOC0016 Final Sponsorship Letter CTIMPs JRESDOC0043 Open to Recruitment Letter	

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1. Background

Sponsorship is required for all studies under the UK Policy Framework for Health and Social Care Research, including trials that that fall within the scope of the current Clinical Trials Regulations. A Sponsor is a company, institution or organisation that takes responsibility for the initiation, management and financing (or arranging the financing) of the clinical trial. Clinical Trials of Investigational Medicinal Products (CTIMPs) must have a Sponsor that is willing and able to take on the specific legal responsibilities set out in the Clinical Trials Regulations. All trials must be adequately funded to ensure that the trial can be set-up and conducted in accordance with the relevant legislation.

The Sponsor has the primary responsibility for ensuring that the design of the study meets appropriate standards and that arrangements are in place to ensure appropriate conduct and reporting. This includes the implementation and maintenance of quality systems and written Standard Operating Procedures (SOPs) to ensure that trials are conducted, and data

generated, documented and reported, in compliance with the trial protocol, Good Clinical Practice (GCP) and the applicable regulatory requirements.

St George's will only sponsor a CTIMP where:

- The Chief Investigator (CI) is substantively employed at either St George's, University of London or St George's University Hospitals NHS Foundation Trust.
- The CI is at medical consultant level within a speciality relevant to the trial and/or participant group
- The CI has previous experience undertaking clinical trials as a PI (either at St George's or through previous employment)
- The CI is currently GMC/BDS registered with no restrictions.
- The trial has sufficient funding and central resource to ensure its safe and compliant management.
- The grant awarded for the trial is held by either SGHFT or SGUL, to ensure adequate, and continued, financial oversight and financial risk control.

It is the expectation of St George's that all research to be considered for sponsorship in the UK by St George's has received appropriate funding and will be submitted for NIHR CRN Portfolio adoption.

It is also the expectation that the JRES document templates (eg: Protocol, Patient Information Sheet, Informed Consent Form) will be used by Investigators for all CTIMPs which are to be considered for sponsorship by St George's.

2. Joint Research and Enterprise Services (JRES) Policy

All JRES SOPs will be produced and approved in accordance with the JRES SOP on SOPs and must be used in conjunction with local NHS Trust and University policies and procedures.

The JRES acts as the representative of both St George's, University of London (SGUL) and St George's University Hospital NHS Foundation Trust (SGHFT). St George's will be the official name used on all SOPs to represent either institutions acting as Sponsor.

3. Scope

This SOP outlines the role of the JRES in the review process and risk assessment procedure for all CTIMPs that are to be considered for sponsorship by St George's and the subsequent issue of 'Sponsorship in Principle' and 'Final Sponsorship'.

4. Definitions

For general research-related acronyms used in this SOP, refer to the General Research Definitions Working Practice Document (JRESWPD0023).

5. Responsibilities

This SOP is to be followed by the Chief Investigator (CI), their trial teams and assigned JRES team members.

It is the responsibility of the CI to liaise with the relevant key personnel for their proposed trial, such as the JRES funding and contracts teams, the JRES governance team, statistician, Research Pharmacy and laboratory. They must also ensure that all requested documentation is submitted to the relevant personnel.

St George's will not sponsor any CTIMP within the UK which cannot be supported by the NIHR Clinical Research Network (CRN). CIs are responsible for sourcing appropriate levels of eligible funding. The JRES will not review any potential MHRA-regulated trial where sufficient funding has not been sought and/or secured. It is St George's policy that funding should be sought from NIHR eligible partners to ensure regulated trials are adopted to the NIHR CRN portfolio to support effective delivery.

It is the responsibility of the assigned members of the JRES to review all required documentation prior to Sponsorship being issued.

It is the responsibility of the Head of Research Governance and Delivery (HRGD) or the Research Development and Governance Manager (RDGM), within the JRES, to provide the electronic sign-off of completed IRAS forms, on behalf of the Sponsor, prior to submission.

It is the responsibility of the St George's Research Governance Committee (or Sub-Committee) to provide senior organisational oversight of clinical research compliance, including the decision to sponsor a clinical trial.

6. Procedure

Sponsorship in Principle

6.1 Investigator Procedure

The CI will:

a) Consult the Research Development and Governance Manager (RDGM) and the Research Pharmacist when costing a potential MHRA-regulated trial with the JRES grant team.

b) Submit or provide access to the following documents/evidence to the JRES:

- Study Registration Questionnaire
- Draft IRAS form
- Draft Protocol
- SoECAT
- Organisation Information Document (OID)
- Draft Participant Information Sheet / Informed Consent Form (if available)
- Funding information
- Evidence of pharmacy involvement
- Evidence of laboratory involvement (where applicable)

Please note:

- Students (including PhD students) cannot act as either Chief Investigator or Principal Investigator in a CTIMP. The JRES advises that CTIMPs are not categorised as educational; however, student researchers may form part of the study team and should be added to the Study Registration Questionnaire.
- Trials involving an IMP, medical device or surgical intervention must have a suitably qualified PI named on the study delegation log as capable, through training and experience, of deputising for the CI in his/her absence.

c) Respond to any JRES request for further documentation or amendments.

d) For multi-centre studies, the CI should engage with potential sites ensuring the Site Feasibility Checklist (JRESDOC0083) is completed and returned to the JRES

to formalise site selection. All study site costings initially need to be considered at grant submission stage. It is important to ensure that all sites selected can meet the set recruitment targets.

e) Submit the application to the REC/HRA, or, where applicable, to the REC/HRA/MHRA via the Combined Review process, once the Sponsorship in Principle (SIP) letter has been received from the JRES. Combined Review must be used for all CTIMPs and combined trials of an IMP and a device, though it may be rolled out to other trials in the future *(see: Combined review - Health Research Authority (hra.nhs.uk)).*

6.2 JRES Procedure

a) The RDGM will assign a Clinical Research Associate (CRA) as the JRES contact for all CTIMPs submitted for sponsorship.

b) The CRA will email the CI to notify them of their JRES point of contact.

c) The CRA and RDGM should contribute to the costings process for any grant being submitted to fund the study.

d) Upon receipt of the documents from the CI, the CRA should assign a JRES study reference number and create an electronic Sponsor Site File (SSF).

e) The CRA should email trial details to the lead SGHFT Research Pharmacist to ensure they are aware of the proposed CTIMP and to support the risk assessment and costings process.

f) The CRA will review the documents provided by the CI and complete a Risk Assessment.

Risk Assessment for CTIMPs

- For CTIMPs, the Risk Assessment Tool (JRESDOC0119) must be completed.
- Upon completion, the Risk Assessment and the trial protocol need to be reviewed at the next Research Governance Committee (RGC) meeting or by the RGC Sub-Committee electronically. The outcome and any feedback will need to be discussed with the CI.
- The Assessment form should be signed by the CI and JRES contacts once discussed.
- The signed form should be filed in the TMF and electronic SSF and the new trial should be entered onto the EDGE database.
- The Risk Assessment should be used by the CRA to develop an appropriate monitoring plan for the trial and to mitigate and manage any risks

identified in the Assessment, including the ongoing oversight of any risks involved in the trial.

- The risk assessment must be reviewed following any amendments to the trial and updated where required.

g) The CRA will forward the draft protocol and the draft Participant Information Sheet and insurance enquiry questionnaire to the insurance underwriter at UMAL (or current provider) for assessment of insurance policy cover **for SGUL-sponsored studies ONLY** (SGHFT sponsored studies are covered under standard NHS indemnity where the CI has an honorary or substantive clinical contract with SGHFT). Any correspondence with UMAL should quote the Clinical Trial reference - Q924. International trials cannot be sponsored by the NHS.

h) All relevant email correspondence relating to insurance must be filed in the TMF and saved in the SSF and any associated advice given by the insurance underwriter must be followed-up.

i) The CRA will cross-check the draft IRAS application form with the protocol, PIS and other supporting documents and feedback comments to the CI.

j) The CI must complete the Data Protection Impact Assessment (DPIA) which is part of the protocol and obtain the required signatures.

k) A 'Sponsorship in Principle' (SIP) letter will be issued to the CI upon of receipt of all documentation, where the review of the documents is satisfactory.

l) The CRA will include a copy of the Delegation of Duties Sponsorship Application (DDSA) (JRESDOC0013) within the email communication containing the SIP letter.

m) The CI will be requested to upload the SIP letter to the IRAS study checklist together with the study-specific SGUL Insurance certificate (upon confirmation of acceptance by UMAL and where applicable).

n) The CI will be requested to register the trial on a publicly-available database. Sponsored CTIMPs/Device trials must be registered on the International Standard Randomised Controlled Trial Number Register (ISRCTN), as a minimum.
https://www.nihr.ac.uk/documents/ISRCTN-registration/11585

Please note: all trials which are submitted through the HRA's Combined Review process will automatically be registered on the ISRCTN by the HRA, once fully approved.
Combined review is here and applicants benefit from automatic registration - Health Research Authority (hra.nhs.uk)

o) If the trial proposes to obtain and/or store human tissue samples (ie: frozen tissues or samples containing whole cells (excluding cell lines), histology blocks

and slides) under the SGUL HTA licence a Risk Assessment and Registration Form must be completed by the CI and sent to the JRES and the HTA Designated Individual (DI). These must be completed prior to Final Sponsorship being confirmed.

p) Any queries on data storage/management within SGUL should be directed to the Research Data Support Manager by the CRA or CI.

q) The CRA will liaise with the lead Research Pharmacist regarding review of the CTA prior to submission to the MHRA, according to Pharmacy requirements.

r) Upon confirmation of HRA/REC submission, the CRA will liaise with the Investigator regarding the identified sites for a multi-site study to facilitate sending the submission pack in line with current HRA guidelines (see the HRA website) to enable the sites to commence feasibility of capacity and capability assessments. Where St George's hospital is taking part, the CRA should process local capacity and capability in line with JRESGOVSOP0017.

Final Sponsorship

6.3 Investigator Procedure

The CI / delegated research team member will:

a) Respond to any JRES requests for further documentation or amendments where applicable.

b) Maintain appropriate version control of all approved documents within the Trial Master File (TMF).

c) File the fully executed Delegation of Duties Sponsorship Agreement (DDSA) (JRESDOC0013) and Final Sponsorship letter in the TMF.

6.4 JRES Procedure

a) Prior to 'Final Sponsorship' being issued, the assigned CRA will ensure that the following documentation is in place and saved electronically:

- The Health Research Authority (HRA) Schedule of events/SoECAT. For adopted multi-site trials this must be approved by the designated JRES AcoRD specialist prior to IRAS upload.
- All regulatory final approval letters (REC, HRA, MHRA)
- Evidence of funding agreement and confirmation of sufficiency of funds.
- Evidence of insurance/indemnity cover for SGUL-sponsored trials.
- Signed Risk Assessment.
- Approval from the St George's Research Governance Committee or Sub-Committee

- Completed and signed Monitoring Plan as per JRES requirements.
- Delegation of Duties Sponsorship Agreement (DDSA) (JRESDOC0013) signed by the CI and by the JRES.
- Agreements with Sub-Contractors (eg: Technical Agreements). Pharmacy may also need to approve any 'subcontracting arrangements' prior to final Sponsorship being issued.
- Completed HTA forms where applicable.
- Pharmacy 'Green light' correspondence or progress of Pharmacy 'Green light' from the Lead Research Pharmacist. Absence of the 'Pharmacy Green light' does not prevent Final Sponsorship from being issued.

b) Final 'approved' versions of the Protocol, GP letters, Patient Information Sheets and Informed Consent forms and any IMP-related documents, such as the Investigator Brochure. If any issues arise or the documentation above is not complete the CRA will email the CI within 5 working days for clarification.

c) On receipt of the REC/HRA/MHRA approvals, he CRA will ensure that the Pharmacy Site File contains all approved documents and approvals in order for the Pharmacy 'Green light' procedure to be finalised.

d) The approved protocol and PIS will be emailed to the Care Group Lead and Business Manager to facilitate departmental approval. The CI must be included in the email to respond to any queries.

e) The CRA will be informed of the approvals to allow for the Site Initiation Visit (SIV) and Contracts/ Agreements to be prepared. St George's sponsored CTIMPs in the UK utlise the current version of the Model non-commercial agreement (mNCA) issued by the HRA unmodfied.

f) The CRA will prepare a Final Sponsorship Letter and email the signed letter, together with the signed DDSA, to the CI and other relevant study team members.

g) The CRA will need to ensure NIHR CRN adoption status is confirmed and all related correspondence must be filed. Any delays or issues must be escalated to the HRGD.

h) Upon receipt of evidence of Care Group Lead and Business Manager approval, confirmation of NIHR CRN Adoption status and confirmation of St George's hospital Capacity and Capability (in line with SOP JRESGOVSOP0017), the JRES will issue confirmation of Capacity and Capability for St George's Hospital. C&C can be issued by the CRA, RDGM or HRGD. The email template for C&C confirmation can be found in JRESGOVSOP0017.

i) The CRA will inform the CI of the SIV procedure and that recruitment cannot commence until the SIV has been conducted and the Open to Recruitment Letter has been issued by the JRES.

j) EDGE will be updated with the relevant data set information, study status and Key Staff on the Project site details page. Any spreadsheets for sponsored CTIMPs on the shared drive will also be updated.

k) The CRA will set up Workflows on EDGE for the Annual Progress Report according to the date of the REC approval and for the DSUR according to the date of the MHRA approval. This will populate PowerBI with reminders.

l) All documentation and correspondence will be added to the electronic SSF and the TMF throughout this process.

Sponsored multi-site studies:

a) Participating organisations will be added on EDGE against the study entry.

b) Any organisational involvement requests on EDGE should be confirmed or rejected promptly (depending on site selection confirmation).

c) The CI or their delegate will circulate the approved study document pack to all confirmed participating PI's and their respective R&D teams.

d) An unmodified mNCA site contract is to be utilised in addition to the Organisational Information Document.

e) Sponsor 'green light' will be requested from participating R&D departments.

f) Upon receipt of the completed Organisational Information Document, signed Site Contract and R&D confirmation of Capacity and Capability the JRES can issue the Sponsor 'green light'.

g) Upon confirmation that SIV has taken place, the JRES will issue an 'Open to Recruitment' letter.

7. References

Integrated Research Application System – www.myresearchproject.org.uk or Identity Gateway (nihr.ac.uk) (for Combined Review)

http://www.hra.nhs.uk/resources/hra-approval-guidance-for-sponsorschief-investigators-working-collaboratively-with-nhs-organisations-in-england/

http://www.hra.nhs.uk/resources/hra-approval-applicant-guidance/statement-activities-hra-approval/

https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/clinical-trials-investigational-medicinal-products-ctimps/combined-ways-working-pilot/

https://www.nihr.ac.uk/funding-and-support/study-support-service/

https://www.sgul.ac.uk/research/our-research-facilities/human-tissue-act

ICH GCP and Clinical Trials Regulations: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/

8. Appendices

Appendix 1: JRES Timelines for CTIMP Sponsorship

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