

**Policy Title: Research & Development**

Date		Version
August 2016		Version 7.1
<b>Purpose</b>		
To ensure the safety and well being of patients taking part in research projects and the production of verifiable good quality data.		
<b>Who should read this document?</b>		
All staff involved in research		
<b>Key messages</b>		
All research carried out in the Trust must have received R&D approval before it commences Researchers must ensure the safety and well being of trial participants. Researchers must ensure the production of verifiable good quality data from research projects. Researchers must comply with the Research Governance Framework 2005 (2ed), Trust policies, the research study protocol, Standard Operating Procedures (SOPs) and relevant National Legislation regarding research and the collection of data.		
<b>Accountabilities</b>		
<b>Production</b>	Dr. Chris Rollinson, Research Governance Manager	
<b>Review and approval</b>	Dr. Lisa Vickers, R&D Manager Dr. Simon Rule, Associate Medical Director R&D	
<b>Ratification</b>	Dr Phil Hughes, Medical Director	
<b>Dissemination</b>	Dr Chris Rollinson, Research Governance Manager	
<b>Compliance</b>	R&D	
<b>Links to other policies and procedures</b>		
Trust Management of Intellectual Property Policy Trust Data Protection Policy Trust Confidentiality Policy Trust Information Security Policy <a href="http://staffnet.plymouth.nhs.uk/DocumentLibrary/TrustDocuments.aspx?folderId=1230&amp;view=gridview&amp;pageSize=10#search">http://staffnet.plymouth.nhs.uk/DocumentLibrary/TrustDocuments.aspx?folderId=1230&amp;view=gridview&amp;pageSize=10#search</a> Trust Generic research & R&D SOPs Trust Research guidance documents <a href="http://staffnet.plymouth.nhs.uk/Departments/ResearchandDevelopment/Documents.aspx">http://staffnet.plymouth.nhs.uk/Departments/ResearchandDevelopment/Documents.aspx</a>		
<b>Version History</b>		
V2	September 2006	Incorporates the additional requirements of the Medicines for Human Use (Clinical Trials) Amended Regulations 2006 which came into force on the 29 <sup>th</sup> of August 2006  Data protection checks are now only required for PHNT sponsored studies  Further clarifies the process for researchers applying to PHNT for their studies to be sponsored by the Trust.

V3	March 2008	Outlines revised R&D structure Clarifies current practice with regard to governance risk assessment Details change in procedure for obtaining honorary contracts New procedure following the disbanding of the National Research Register R&D will not audit commercial studies; external reports are to be requested by R&D
V4	March 2010	Policy completely re-written
V5	April 2011	Revised R&D Committee Terms of reference & structure. New R&D Director.
V6	June 2012	Updated and Terms of Reference for The Genetic Modification Safety Committee (GMSC) added. Clarification of the role of Clinical Research Nurse / Midwife as a member of the clinical care team.
V7	Jan 2016	Reviewed and updated
V7.1	Aug 2016	Minor amendment CLRN replaced with CRN
<b>Last Approval</b>		<b>Due for Review</b>
Jan 2016		January 2020

*PHNT is committed to creating a fully inclusive and accessible service.*

*Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.*

*We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.*

**An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.**

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	5
2	Scope	5
3	Purpose, including legal or regulatory background	5
4	Definitions	7
5	R&D culture in the Trust	8
6	Joint working with PCMD and the Universities of Plymouth & Exeter	9
7	Structure of Trust R&D Management Role of Director of Research & Development. Responsibilities - Research and Development Department Responsibilities – Management Responsibilities – Researchers Responsibilities - Chief Investigator (CI) Responsibilities - Principal Investigator (PI)	9
8	Research Governance Standard Operating Procedures (SOPs)	17
9	Data Protection Use of patient records for research	18
10	Consent	19
11	R&D Training	20
12	Dissemination of research findings	20
13	Patient and Public Involvement in Research	21
14	Audit and Monitoring	21
15	Trial Steering Groups	21
16	Finance Treatment costs and Service Support costs for externally funded non-commercial R&D Financial Control NIHR Flexibility and Sustainability Funding	22
17	Application Information	25
18	Types of Study Research Grants Commercial Research Own Account	25

<b>Section</b>	<b>Description</b>	<b>Page</b>
19	Contractual agreements	26
20	Indemnity	26
21	Intellectual Property	26
22	Health and Safety	26
23	Consultation and ratification	27
24	Dissemination and Implementation	28
25	Monitoring Compliance and Effectiveness	28
26	References and associated documentation	28
Appendix 1	R&D Organogram	29
Appendix 2	Director of Research & Development Outline of key duties and responsibilities	30
Appendix 3	R&D Committee terms of Reference.	31
Appendix 4	Genetic Modification Safety Committee terms of reference	33
Appendix 5	The regulatory pathway for gaining approval for clinical research studies involving GMO	39
Appendix 6	Differentiating audit, service evaluation and research.	40
Appendix 7	Dissemination Plan	41
Appendix 8	Review and Approval Checklist	42
Appendix 9	Equality Impact Assessment	43

## **1 Introduction**

Research is essential to the successful promotion and protection of health and wellbeing, and also to modern, effective health and social care services. At the same time, research can involve an element of risk, both in terms of return on investment and sometimes for the safety and wellbeing of the research participants. Proper governance of research is essential to ensure that the public can have confidence in, and benefit from, quality research in health and social care. The public has a right to expect high scientific, ethical and financial standards, transparent decision making processes, clear allocation of responsibilities and robust monitoring arrangements.

The Research Governance Framework for Health and Social Care sets out a framework for the governance of research in health and social care.

The standards in the Research Governance Framework apply to all research that relates to the responsibilities of the Secretary of State for Health. That is, research concerned with the protection and promotion of public health, research undertaken in or by the Department of Health, its non Departmental Public Bodies and the NHS, and research undertaken by or within social care agencies. It includes clinical and non-clinical research, research undertaken by NHS or social care staff using the resources of health and social care organisations, and any research undertaken by industry, charities, research councils and universities within the health and social care systems that might have an impact on the quality of those services.

## **2 Scope**

This policy covers all research activity, both commercial and non-commercial, involving Plymouth Hospital NHS Trust (PHNT) including:

- Research using patients, carers, volunteers and members of staff at PHNT.
- Research using patient tissue, organs or data, even if obtained for clinical purposes and/or used for research purposes elsewhere, or obtained from elsewhere but used for research purposes involving PHNT.
- Research taking place on Trust premises or involving Trust resources, including non-clinical and laboratory based research.
- Research being undertaken as part of an educational qualification

## **3 Purpose, including legal or regulatory background**

Research which is poorly designed is unethical. Therefore, advice on methodology at an early stage should be sought (before submission to the ethics committee). The initial contact is the PHNT R&D Office.

Researchers should undertake a literature review in the area of research being proposed, to ensure that the work does not unnecessarily duplicate existing work. Similarly, the researcher should explore appropriate Clinical Trial Registers (such as the Medical Research Council and National Clinical Trials Database).

Wherever possible, service users and/or carers should be involved in the research throughout the design, data collection, analysis and dissemination of the research. If assistance is required, the R&D Office should be the first point of contact.

All researchers are encouraged to draw up a plan for disseminating their findings during the design phase of the R&D project. The R&D office can provide assistance with dissemination plans.

All proposed PHNT sponsored research shall be submitted to the PHNT's R&D Office for risk assessment, review and approval prior to commencing the project.

All research falling under the scope of this policy must have explicit written approval from PHNT's Research and Development (R&D) Manager prior to commencing.

To obtain PHNT R&D approval the research must be reviewed in accordance with PHNT's R&D approval process (refer to R&D website for more detail and Trust standard operating procedure G2\_R&D and Ethics Application).

For the majority of research written approval from the appropriate Research Ethical Committee must be obtained prior to commencing any research involving:

- Patients and users of the NHS. This includes all potential research participants recruited by virtue of the patient's or user's past or present treatment by, or use of, the NHS. It includes NHS patients treated under contracts with private sector institutions.
- Individuals identified as potential research participants because of their status as relatives or carers of patients and users of the NHS, as defined above.
- Access to data, organs or other bodily material of past and present NHS patients.
- Foetal material and IVF involving NHS patients.
- The recently dead in NHS premises.
- The use of, or potential access to, NHS premises or facilities.

For clinical trials involving an Investigational Medicinal Product (IMP) and certain Medical Devices, Clinical Trial Authorisation from the Medicines and Healthcare products Regulatory Agency (MHRA) must be obtained prior to the study commencing.

All research must be conducted in accordance with the Research Governance Framework for Health and Social Care and applicable regulations and guidance

including the Medicines for Human Use (Clinical Trials) Regulations and International Conference on the Harmonisation of (ICH) Good Clinical Practice.

## 4 Definitions

**Chief Investigator (CI)** – The person who takes overall responsibility for the design, conduct and reporting of a study if it is at one site; or if the study involves researchers at more than one site, the person who takes primary responsibility for the design, conduct and reporting of the study, whether or not that person is an investigator at any particular site.

**Clinical Research Organisation** - the organisation which may have some devolved responsibility for some of the duties of the Sponsor / Funder or other party

**Investigational Medicinal Product (IMP):** A pharmaceutical form of an active substance or placebo being tested or used as a reference in a clinical trial including a medicinal product which has a marketing authorisation but is, for the purposes of the trial, being used or assembled (formulated or packaged) in a way different from the approved form, or being used for an unapproved indication or when used to gain further information about an approved use.

**MHRA** - Medicines and Healthcare products Regulatory Agency, the UK medicines regulator. A governmental agency (under the auspices of the Department of Health [DoH]) with responsibility for standards of safety, quality and performance of clinical trials of IMPs and medical devices by ensuring national legislation relating to clinical trials is adhered to.

**Participant** - Patient, service user, carer, relative of the deceased, professional carer, other employee, or member of the public, who consents to take part in a study. (In law, participants in clinical trials involving IMPs are known as subjects.)

**Principal Investigator (PI)** - The leader responsible for a team of individuals conducting a study at a site.

**Research** - an attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods.

- Research may be aimed at understanding the basis and mechanism of disease, improving the diagnosis and treatment of a disease or designing better ways of delivering healthcare (see appendix 4 Differentiating audit, service evaluation and research).

**Researchers** - those conducting the research.

**Research Ethics Committee (REC)** – Committee established to provide participants, researchers, funders, sponsors, employers, care organisations and professionals with an independent opinion on the extent to which proposals for a study comply with recognised ethical standards. For clinical trials involving medicines, the ethics committee must be one recognised by the United Kingdom Ethics Committee Authority.

**Clinical Research Nurse or Midwife** – an individual responsible for the care of patients taking part in clinical research and having either a Trust Substantive, Trust Fix term or honorary contract and is therefore already bound by the confidentiality terms of their contract and the confidentiality terms of the Nursing and Midwifery Council Code of Conduct which all registered nurses must adhere to. The Caldicott Guardian, the Information Governance team and Research & Development Department at Plymouth Hospitals NHS Trust view the role of the Clinical Research Nurse or Midwife as part of the clinical team, in that the Clinical Research Nurse or Midwife is offering hospital patients access to enhanced care and the option to choose whether they would like to participate in a research study.

**Sponsor** - Individual, organisation or group taking responsibility for securing the arrangements to initiate, manage and finance a study (A group of individuals and/or organisations may take on sponsorship responsibilities and distribute them by agreement among the members of the group, provided that, collectively, they make arrangements to allocate all the responsibilities in the Research Governance Framework that are relevant to the study).

**Student Research** - Research performed as part of an educational qualification.

## 5 R&D culture in the Trust

PHNT will make sustained efforts to ensure that awareness of R&D is maintained and improved. The Trust will foster a first class research and development capability that will bring about benefits for the patient and ultimately improve the way services are delivered.

The raising of R&D profile and culture will be achieved through:

- Facilitation of PHNT and University of Plymouth collaborative research.
- Participation in and encouraging the hosting of, high quality national multi-centre research.
- Support participation in multi-centre trials run through the NIHR research networks.
- Development of well-established research programmes and themes

- Facilitating access to R&D training for all professions and services in research.
- The continued encouragement and support for the increase of applications for external non-commercial research grants.

## **6 Joint working with Plymouth University**

As well as working with a number of academic institutions PHNT will foster strong collaborative links with Plymouth University and in particular the Plymouth University Peninsula Schools of Medicine and Dentistry (PUPSMD).

PHNT will work collaboratively with Plymouth University to seek external research funding and will liaise closely on the appropriate management of research grants, contract arrangements and study sponsorship.

## **7 Structure of Trust R&D Management**

PHNT has in place a structure that facilitates the strategic management of R&D within the Trust (see Appendix 1 for organisation chart). The key components of the current structure include:

### **Role of Director of Research & Development.**

The Director of R&D will be an Associate Medical Director reporting to the Medical Director for all matters related to R&D in PHNT. The Director of R&D strategically manages PHNT R&D and ensures that the R&D Department meets the responsibilities detailed in below. See Appendix 2 for a list of key responsibilities for this role.

### **Responsibilities - Research and Development Department**

PHNT Research and Development Department is responsible for facilitating research within PHNT by:

- developing and establishing streamlined systems for the management of research involving PHNT, this includes systems to ensure that PHNT can meet the responsibilities of a research sponsor under the Medicines for Human Use (Clinical Trials) Regulations, Medical Device Regulations and the Research Governance Framework for Health and Social Care
- developing the PHNT R&D approval process to meet the requirements of the Department of Health
- developing and establishing a robust system for the performance management of studies, to include NIHR key performance indicators
- supporting Principle Investigators to achieve successful study delivery by:
  - assistance with robust feasibility

- ensuring research nurse and administrative support as required
- maintaining a record of all research being conducted within the PHNT, including student research
- ensuring, where necessary, that an appropriate research ethics committee has approved the research
- assessing applications for PHNT to act as research sponsor to individual studies
- arranging for written agreements to be put in place for all research involving an external partner, funder and/or sponsor, including agreement with universities or other employers in relation to student supervision
- in relation to both commercial and non-commercial research:
  - Costing of research studies
  - Negotiating contracts
  - Developing and establishing systems to ensure financial probity
- in relation to non-commercial research:
  - Costing of research studies
  - Ensuring Research Governance compliance
- supporting Chief investigators running multicentre studies
- providing training in research methodology and governance
- monitoring and audit of research
- permitting and assisting with any monitoring, auditing or inspection required by relevant authorities
- developing the PHNT R&D strategy in consultation with Researchers
- promoting strategies for patient and public involvement in research
- promoting the dissemination of research findings
- assisting with the identification and management of intellectual property arising from research and development
- compiling and submitting reports as required to the Department of Health (e.g. annual report on RCF expenditure)
- preparing and submitting an annual business plan and annual report for SWPen CRN.
- taking action in accordance with the PHNT policy and standard operating procedures on receipt of any report of suspected research misconduct.

- taking action in accordance with the Research Related Adverse Event Reporting standard operating procedure.
- providing an annual report to the Trust Board.

### **Responsibilities - Management**

Heads of Directorates are responsible for establishing systems at directorate level to comply with the Trust's R&D approval process and Research Governance.

Managers can assist in meeting these responsibilities by:

- Ensuring adequate line management of researchers
- Allowing access to appropriate training

### **Responsibilities – Researchers**

All research staff, including those holding an Honorary Contracts or Letters of Access have a responsibility of being familiar with the principles of Good Clinical Practice (GCP) described in the Research Governance Framework for Health and Social Care.

Researchers who do not hold a substantive employment contract with PHNT and who interact with research participants in a way that has direct bearing on the quality of their care must hold a PHNT Honorary Contract.

Researchers are responsible for ensuring that:

- the research is conducted in accordance with:
  - the relevant national legislation
  - the current version of the REC and Trust approved protocol.
  - the Research Governance Framework for Health and Social Care.
  - Health and Safety legislation
- care professionals are informed of a subject's participation in research (where applicable)
- the integrity and confidentiality of clinical and other records and data generated by the research is protected in accordance with data protection legislation and the Caldicott Principles
- any failures in conducting the study in accordance with the above are reported as appropriate
- key performance indicators are reported according to national or local policy
- all adverse events are recorded and reported in accordance with the PHNT Research Related Adverse Event Reporting standard operating procedures
- suspected misconduct is reported in accordance with the PHNT Policy and standard operating procedures

## **Responsibilities - Chief Investigator (CI)**

With the exception of student research the Chief Investigator must be a senior individual. For a Clinical Trial of an Investigational Medicinal Product (CTIMP), 'a drug study' the CI must be a Hospital Consultant. CIs will have appropriate experience expertise and training to either:

- undertake the design, conduct, analyses and reporting of the study to the standards set out in the Research Governance Framework or;
- lead and manage others who have been delegated responsibility for some of these aspects.

For student research the student may act as the CI provided the student has a designated supervisor with appropriate experience, expertise and training.

The CI has overall responsibility for the conduct of the research and is accountable for it to their employer, and, through them, to the sponsor(s) of the research. The CI is also directly accountable to the care organisation(s) where the research takes place (or through which the research team has access to participants, their organs, tissue or data). If the research is taking place at more than one site, the CI takes on personal responsibility for the design, management and reporting of the study, and co-ordinating the Principal Investigators (PIs).

The CI is responsible for ensuring that:

- the research team gives priority at all times to the dignity, rights, safety and well-being of participants
- the study complies with all legal and ethical requirements
- the research is carried out to the standards in the Research Governance Framework
- each member of the research team, including those at collaborating sites, is qualified by education, training and experience to discharge their role in the study, and their qualifications are documented and retained in the Investigator Site Files (ISF) at site
- all researchers involved in a clinical trial of IMPs are aware of their legal duties
- students and new researchers have adequate supervision, support and training
- a suitable sponsor or sponsor(s) is secured and agreements are in place detailing the responsibilities of all parties involved in the research

- R&D approval is obtained from each care organisation involved prior to commencing the study at that care organisation
- the protocol is submitted for ethics review, the study does not start without a favourable opinion, and the research team acts on any conditions attached to the ethics opinion
- unless urgent safety measures are necessary<sup>1</sup>, the research follows the protocol or proposal agreed by the relevant ethics committee, by the PHNT R&D Department and by the sponsor(s).<sup>2</sup>
- substantive changes to the protocol or proposal are submitted for ethical review, for the sponsor(s) agreement and for the Trust R&D acknowledgment. With the exception of urgent safety measures these amendments are implemented only when approved.<sup>3</sup>
- when a study involves participants under the care of a physician, nurse or social worker for the condition to which the study relates, those care professionals are informed that their patients or users are being invited to participate, and agree to retain overall responsibility for their care.
- when the research involves a service user or carer or a child, looked after or receiving services under the auspices of the local authority, the agency director or their deputy agrees to the person (and/or their carer) being invited to participate, and is fully aware of the arrangements for dealing with any disclosures or other relevant information.
- potential participants and other service users and carers are involved in the design and management of the study whenever appropriate.
- unless participants or the ethics opinion says otherwise, participants' care professionals are given any information directly relevant to their care that arises in the research.
- for clinical trials involving medicines or medical devices, the research follows any conditions imposed by the licensing authority.
- procedures are in place to ensure collection of high quality, accurate data and to maintain the integrity and confidentiality of data during processing and storage.<sup>4</sup>

---

<sup>1</sup> Investigators in clinical trials involving medicines have a duty to report serious adverse events immediately.

<sup>2</sup> For clinical trials involving medicines, it is a legal requirement to follow the protocol approved by the licensing authority (the Medicines and Healthcare products Regulatory Agency).

<sup>3</sup> Also, for clinical trials involving medicines, to the licensing authority.

<sup>4</sup> Also, for clinical trials involving medicines, procedures to comply with legal requirements concerning Good Clinical Practice during the trial, and Good Manufacturing Practice in manufacturing investigational medicinal products.

- arrangements are in place for the management of financial and other resources provided for the study, including for the management of any intellectual property arising.
- reports on the progress and outcomes of the work required by PHNT R&D, the sponsor(s), funders, MHRA or others with a legitimate interest are produced on time and to an acceptable standard.
- the findings from the work are open to critical review through the accepted scientific and professional channels.
- they accept a key role in detecting and preventing scientific misconduct by adopting the role of guarantor on published outputs.
- once established, findings from the work are disseminated promptly and fed back as appropriate to participants.
- there are appropriate arrangements to archive the data when the research has finished, and to ensure it is still accessible.
- all data and documentation associated with the study are available at the request of the inspection and auditing authorities.

Where the CI delegates responsibilities to members of the research team this must be clearly documented in a delegation log or similar and kept in the Trial Master File or similar for each study. The CI remains accountable for the actions of his/her research team.

### **Responsibilities - Principal Investigator (PI)**

The PI and the CI may be the same person. In this case the CI must assume the PI responsibilities detailed in this policy in addition to the CI responsibilities. Again, with the exception of student research the PI must be a senior individual (for CTIMPs must be a Hospital Consultant), with appropriate experience expertise and training to either:

- undertake the design, conduct, analyses and reporting of the study to the standards set out in the Research Governance Framework or;
- lead and manage others who have been delegated responsibility for some of these aspects.

For student research the student may act as the PI provided the student has a designated supervisor with appropriate experience, expertise and training.

The PI is responsible for the conduct of the study at PHNT and must ensure that:

- the research team give priority at all times to the dignity, rights, safety and well-being of participants
- the study complies with all legal and ethical requirements

- the research is carried out to the standards in the Research Governance Framework
- each member of the local research team is qualified by education, training and experience to discharge his/her role in the study, and their qualifications are documented and retained in the Investigator Site File (ISF)
- all local researchers involved in a clinical trial of IMPs are aware of their legal duties
- students and new researchers have adequate supervision, support and training
- PHNT R&D approval is obtained prior to commencing the study. To this end, all relevant documents must be submitted to the R&D Office in order to obtain the approval of the R&D Manager for the study to commence
- unless urgent safety measures are necessary<sup>5</sup>, the research follows the protocol or proposal agreed by the relevant ethics committee, by the PHNT R&D Department and by the sponsor<sup>6</sup>
- substantive changes to the protocol or proposal are submitted for ethical review, for the sponsor(s) agreement and for the PHNT R&D approval. With the exception of urgent safety measures these amendments are implemented only when approved<sup>7</sup>
- when a study involves participants under the care of a physician, nurse or social worker for the condition to which the study relates, those care professionals are informed that their patients or users are being invited to participate, and agree to retain overall responsibility for their care
- when the research involves a service user or carer or a child, looked after or receiving services under the auspices of the local authority, the agency director or their deputy agrees to the person (and/or their carer) being invited to participate, and is fully aware of the arrangements for dealing with any disclosures or other relevant information
- unless participants or the ethics opinion says otherwise, participants' care professionals are given any information directly relevant to their care that arises in the research
- for clinical trials involving medicines, the research follows any conditions imposed by the licensing authority

---

<sup>5</sup> Investigators in clinical trials involving medicines have a duty to report serious adverse events immediately.

<sup>6</sup> For clinical trials involving medicines, it is a legal requirement to follow the protocol approved by the licensing authority (the Medicines and Healthcare products Regulatory Agency).

<sup>7</sup> Also, for clinical trials involving medicines, to the licensing authority.

- procedures are in place to ensure collection of high quality, accurate data and for the integrity and confidentiality of data during processing and storage<sup>8</sup>
- arrangements are in place for the management of financial and other resources provided for the study
- arrangements are in place for the management of any intellectual property arising from the research
- reports on the progress and outcomes of the work required by the CI, PHNT R&D, the sponsor(s), funders, MHRA or others with a legitimate interest are produced on time and to an acceptable standard
- the findings from the work are open to critical review through the accepted scientific and professional channels
- once established, findings from the work are disseminated promptly and fed back as appropriate to participants
- there are appropriate arrangements to archive the data when the research has finished, and to ensure it is accessible
- all data and documentation associated with the study are available at the request of the inspection and auditing authorities
- a PI must identify a named individual who has PI oversight during times of planned or unplanned absence and the name of the appropriate individual is notified to the Sponsor(s), ethics committee, MHRA, CI and the R&D Department as appropriate
- in the event that the PI's position at PHNT is terminated an appropriate individual assumes the role of PI and the Sponsor(s), ethics committee, MHRA, CI and the R&D Department are informed

The PI must ensure that the R&D Department is involved in arranging agreements relating to the PHNT's responsibilities in conducting non-commercial research involving an external partner, funder and/or sponsor.

In relation to commercial research the PI must:

- refer all commercial research to the R&D Department at the earliest opportunity prior to the research commencing
- ensure that commercial research is performed under a written agreement between the PHNT and the commercial company. This agreement must be signed by the Finance Director of the Trust

---

<sup>8</sup> Also, for clinical trials involving medicines, procedures to comply with legal requirements concerning Good Clinical Practice during the trial, and Good Manufacturing Practice in manufacturing investigational medicinal products.

## 8 Research Governance

The aim of research governance is to improve the quality of research and safeguard the public. Research governance seeks to provide a framework for research, which complies with good practice in research without restricting the freedom of individual researchers to develop new ideas.

Any planned deviation from the approved protocol should be agreed with the study sponsor who may in some circumstances need to inform the appropriate Research Ethics Committee, the MHRA (if appropriate) and the external Funder (if externally funded) and notified to the R&D Office.

The Department of Health's Research Governance Framework outlines the standards for research and monitoring arrangements.

Research Programmes in PHNT must be undertaken within a quality framework of standards and systems to guarantee that they:

- are of high scientific quality
- are safe and ethical; and
- actively involve patients, carers and other consumers.

PHNT maintains its commitment to research governance and all clinical research is subject to the Trust's policies, the research protocol and Standard Operating Procedures (SOPs).

PHNT will work with other local NHS partners, Plymouth University and other strategic partners to ensure that the paperwork associated with research governance can be kept to a minimum by adopting common approaches, shared procedures and reciprocal arrangements.

### **Standard Operating Procedures (SOPs)**

Where required SOPs must be in place for procedures carried out in a study so that the development and conduct of the study is well documented. To assist in compliance with ICH GCP requirements and standards for good research practice, PHNT Generic SOPs are available on the Trust's intranet (StaffNet).

PHNT Generic SOPs are to be used for all studies that fall under the remit of the UK Clinical Trial regulations and the Research Governance Framework (unless the approved research protocol stipulates another procedure).

SOPs are controlled documents; the master copies of the PHNT Generic SOPs will be held in the R&D department office. Electronic copies of the SOPs will be placed on the Trusts intranet to be available to all Investigators and other key research staff

undertaking research in PHNT as required. The site and control of these documents will be under the control of the R&D Department.

Superseded SOPs will be withdrawn by the R&D department and the master copies will be retained for future regulatory authority inspection.

Notification of withdrawn or new Generic SOPs will be sent *via* e-mail to all Investigators and other key research staff undertaking research in PHNT.

## **9 Data Protection**

PHNT shall ensure that information held about staff or patients is treated in accordance with:

- The Data Protection Act 1998
- Trust Data Protection Policy, Trust Confidentiality Policy
- Trust Information Security Policy
- DOH Records Management NHS Code of Practice
- Section 251 of the NHS Act 2006
- A Manual for Caldicott Guardians
- Approved guidance issued by the R&D Department and Health Records Management or the use of Patient Records for Research Purposes
- The requirements of the Information Governance Toolkit in relation to trust records including medical records

The Site Principal Investigator is responsible for taking appropriate measures to ensure Data Protection. Advice may be sought from the Information Governance Team or the Caldicott Guardian.

The Caldicott principles relating to data flow are:

- Justify the purpose(s) for using confidential information
- Only use it when absolutely necessary
- Use the minimum that is required
- Access should be on a need-to know basis
- Everyone must understand his or her responsibilities
- Understand and comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality

For more detail refer to the Trust Data protection policy on the Trust intranet (StaffNet).

## Use of patient records for research

Review of patient records for eligibility to a particular research project, unless prior consent is given by patient, can only be done by a member of the clinical care team. The clinical care team includes the Trust Clinical Research Nurses and Midwives.

Non-NHS Trust staff may request access to patient records containing patient identifiable information for research purposes. This could be to:

- Screen patients for possible inclusion into a study
- Obtain patient information relating to disease progression etc; or
- Confirm various details about the patient.
- Monitor or Audit research studies

Such actions shall be subject to the following additional requirements.

- Patient Consent
- Obtaining a Letter of Access *via* the R&D Dept.
- Agreed contract with a system of training and induction prior to working on PHNT premises, with or without client records
- All those that visit PHNT, including the Central Records Library, must quote a relevant research number for the study being undertaken. The Library will refuse all requests that are not accompanied by the appropriate research number. Visitors are bound by the Trusts policies and operating procedures whilst on site.
- If there is doubt about access the Caldicott Guardian will be contacted.

## 10 Informed Consent

The Site Principal Investigator has responsibility to ensure that prior informed consent is obtained for all research which involves therapeutic intervention and the taking and or use of human tissue samples and fluids, even if these samples were obtained for clinical purposes and are surplus to requirements. Consent will also be needed if research administrative staffs need to access the patient medical notes.

Exceptions to this requirement could include, for example, projects exempted under Section 251 of the NHS Act 2006 or for research involving unconscious patients which may be permitted in special circumstances (all would require ethical approval).

Consent to take part in a research study must be obtained in accordance with:

- The standard operating procedure issued by the PHNT's R&D Department.

## **11 R&D Training**

PHNT will provide research training as part of the process of developing the research capacity in the Trust and to ensure staff undertake high quality research.

R&D Department will endeavour to facilitate appropriate training for all research active staff and those wishing to carry out research in the future.

Training priority will be given to Research Governance training which is a mandatory requirement for those engaged in research (Training covers Ethics, Clinical Trial and National Regulations & ICH GCP [Good Clinical Practice]). Research active staff will attend Research Governance training every two years.

## **12 Dissemination of research Findings**

Research in the Trust is conducted for the benefit of patients, users, care professionals and the general public. Therefore the Trust will actively disseminate and publicise its ongoing R&D activities both within PHNT and externally.

All those pursuing research in PHNT must open their work to critical review through accepted scientific and professional channels, within a framework of management of commercial / and or intellectual property.

When publishing scientific and / or professional work, an “author” is considered to be someone who has made substantive intellectual contributions to a study. To be listed as an author, an individual should have made substantial contributions to all three of the following categories established by the International Committee of Medical Journal Editors (ICMJE):

- (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- (2) drafting the article or revising it critically for important intellectual content; and
- (3) final approval of the version to be published.

Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

PHNT will aim to ensure that there is free access to information on research it is hosting and / or sponsoring, and to research findings.

PHNT will work towards maximising the feedback of research outputs to participants of research studies, local stakeholders and the public.

## **13 Patient and Public Involvement in Research**

Involving patients and public in research is an increasingly important part of NHS R&D and is a key requirement of research governance. Department of Health policy over recent years has increasingly emphasised the importance of involving patients and the public in all aspects of their health care, including research.

Involvement means that people who use services are active partners in the research process rather than just being subjects of research. Involvement can occur during any or all of the processes involved in R&D including, setting the research agenda, commissioning research, undertaking research, interpreting research, disseminating the results of research and getting findings put into practice.

The Trust will actively support and encourage the inclusion of patients, and their carers, in R&D. This will involve encouraging and training Trust staff to involve patients/carers in all stages of R&D.

Trial Steering Committees, wherever possible, should have patients, carers or members of the public represented on them and these individuals should be encouraged to become fully involved in the design, conduct, analysis and reporting of research.

## **14 Audit and Monitoring**

To comply with the Research Governance Framework, NHS Trusts are required to ensure that they have oversight of research involving their staff and patients. To aid this oversight of research, PHNT has research audit and monitoring SOPs to help ensure compliance with approved research protocol, Research Governance Framework (2005) and applicable national legislation. All data and documentation associated with a study must be available for audit or monitoring at the request of the appropriately authorised institutions and individuals. PHNT will audit or monitor Trust-sponsored projects, based on a risk assessment methodology. The R&D Department will for each year produce an oversight plan.

## **15 Trial Management Groups**

As stated above NHS Trusts are required to ensure that they have oversight of research involving their staff and patients. This can be further enhanced by the formation of various Trial Management Groups.

All R&D projects should be managed by a formal Trial Management Group (TMG) which will be usually made up by the local research team and chaired by the study's PI. They will meet to monitor progress of the trial. These meetings should

document any discussions the actions taken and the attendance of research staff. To assist R&D oversight of studies, R&D personnel maybe invited to sit on these committees in an observer role.

For Clinical Trials Investigational Medical Product (CTIMPs) and Medical Device trials it is best practice to constitute an independently led Trial Steering Committee (TSC), and in some cases (double blinded studies) an Independent Data Monitoring Committee (DMC). For all Trust sponsored CTIMPs and Medical Device studies there will be a formally constituted TSC and where appropriate a DMC. Where the Trust has taken on the role of Sponsor a manager from R&D will be invited to be a representative on the TSC. For further information on best practice for the conduct of clinical trials, the appropriate Department of Health and Medical Research Council guidance should be referred to. R&D guidance is available in the guidance document RDG3 'Guideline notes on - Trial Steering Committee (TSC)'.

It is also best practice for research steering groups to include user and carer representation.

## **17 Finance**

PHNT requires that all research in the Trust is fully funded. Studies should be costed at the planning stage and funding identified before any research starts. Costs will be calculated by the R&D Department in conjunction with Service Support Departments and the Researcher. The income and expenditure for all R&D studies using Trust resources, be they, staff, diagnostic support services or facilities, will be managed by the Trust's R&D office.

PHNT R&D Office will cost externally funded studies in accordance with NHS policy and the accepted guidelines of each external funding body.

The guiding principle in the management of research funding is that comprehensive accountability and transparency can be demonstrated in all research undertaken in PHNT and that it offers value for money.

Therefore, all research will be fully costed. The costing of research studies is a multi-disciplinary task and typically will involve the Investigator, the research nurse, relevant PHNT service departments (e.g. Clinical Pathology, Pharmacy, Imaging, etc.) and overseen by the PHNT R&D Office.

In order for the R&D office to understand the complete resource used across PHNT it is important to include all time spent on the study, even if this time is not a part of the paid activity of the Investigator/Researcher.

## **Treatment costs and Service Support costs for externally funded non-commercial R&D.**

Treatment costs are the patient care costs which would continue if the patient care service being researched continued to be provided after the R&D stops. When the patient care being researched differs from the normal, standard, treatment for the condition, this is termed excess treatment costs. These costs should be met through normal arrangements for commissioning patient care. Full consideration will be given to arrangements needed to ensure continuity of treatment once the research is ended, in consultation with relevant stakeholders.

Service Support costs are the additional patient care costs associated with R&D, which will end once the R&D activity in question stops, even if the same patient care service continues to be provided. This might cover things like extra blood tests, extra in-patient costs, extra staff time for consultations, extra nursing attention specifically related to a research project. Service Support costs are normally met by the Trust from funding from the UKCRN.

The principles for meeting patient care costs associated with externally funded non-commercial R&D currently as set out in the Health Service Guidelines HSG (97) 32. The detailed application of these principles and guidance for researchers and NHS Trusts are outlined in the documentation under Executive Letter EL (97) 77. In 2005 DoH published guidance: Attributing revenue costs of externally-funded non-commercial research in the NHS (ACCORD).

In all cases where there are associated treatment costs, excess treatment costs and/or service support costs, the Trust should be notified with the appropriate information about the proposed study as early as possible, in line with the requirement in the Department of Health's 'Non-Commercial External Funded R&D in the NHS: Guidance for Researchers'. Applications, by the R&D Dept, to PCT's for excess treatment costs need to be made and agreed prior to the commencement of any research study. Contact the R&D Office for further information or to discuss any queries.

All applications for grant funding must be approved by the R&D Dept before submission.

In the case of the costs being associated with R&D grant proposals being led from other bodies such as a University or other Trust, notification must be prior to formal agreement to participate/collaborate with the research.

## **Financial Control**

Each research team that has income or expenditure will be given a separate cost centre (research account) on the PHNT general ledger. Each account will be ring

fenced and will operate for the duration of the study with each study allocated its own income line. When the study completes, any residual funds will be repaid as appropriate or held for future planned expenditure by the budget holder. Funds are held in the researchers own account and the balance is carried forward year on year. If the account holds more than £50,000 the budget holder will be required to produce a plan of expenditure to show how they plan to spend these funds. If an account shows no activity for 24 months the balance will not be reinstated.

Research study budgets are made up of direct staff and non-staff costs, service department charges (such as pharmacy, pathology tests, imaging costs, etc.) and PHNT indirect costs (i.e. overheads). This policy describes the way in which income from external funding bodies will be allocated.

When setting up the study account, the R&D Office will advise on the study budget derived from the final costing as set out in the Application form.

Expenditure will be invoiced to the Sponsor by the R&D Office and credited to the cost centres supporting the study as per the Trial Agreement.

Expenditure will be authorised by the Investigator or nominated officer in line with the Sponsor/PHNT Policy. Such expenditure will follow the study's budget and movement between budget lines will be governed by the agreement with the research funder.

Should temporary research staff be appointed to conduct the research, their appointment will be subject to PHNT's normal recruitment procedures as advised by the Director of Human Resources & Organisational Development. Terms and conditions of employment will, as far as is practicable, follow the PHNT standards, but may be tailored to conform to the terms and conditions contained in the contract with the External Organisation funding the study. Salary costs will be charged directly to the research account.

Monthly reports can be reviewed on line through the Trust's financial reporting system which details the financial progress of cost centres.

No research accounts are allowed to be overspent. The Investigator is charged with the responsibility to ensure that expenditure conforms to the project's budget and will make provision for any shortfall.

The above policy will operate within PHNT's Standing Financial Instructions and Standing Orders.

### **NIHR Research Capability Funding (RCF)**

RCF is available from NHS Trusts, the SWPen CRN and Topic Specific Networks to help research-active NHS organisations attract, develop and retain high-quality

research, clinical and support staff by supporting the salaries of their NIHR Faculty members in a flexible manner. The R&D Director in consultation with the R&D Committee will determine the appropriate use of PHNT's annual RCF allocation. The normal practice will be for requirements associated with potential recruitment to trials in the year ahead to be addressed to the appropriate network. Requirements associated with activity at an earlier stage, for example supporting the appointment of new research active staff, should be addressed to the Trust. Applications for RCF funding must be submitted on the appropriate application form.

## **17 Application Information**

The Investigator or his/her nominee will submit the final study protocol and supporting information to the R&D Office.

Where Grant assistance is to be received, the application should make clear how the monies will be accounted for, i.e. the account the money will be paid into, the person responsible and how the funding will be distributed to support functions (Diagnostics, Imaging etc)

No study will be given Trust approval to commence until it can clearly be demonstrated that the income to support the study is sufficient to cover the costs. There are no exceptions to this rule.

## **18 Types of Study**

### **Research Grants**

This includes studies supported by the NIHR, Research Councils and Charities.

Agreements should be in place containing details of how the income will be received, controlled and distributed together with the person responsible for the budget. The form should detail whether funding is per patient or in a block form together with an analysis of all additional clinical and resource costs. The R&D Office will be able to assist with any questions that arise when completing the clinical trial costings.

### **Commercial Research**

The price to be charged for industry-funded contract research will be at least equal to the full cost as determined by the Trust Clinical Trials Manager.

NIHR badged studies will be costed as per the 'Industry costing template'.

### **Own Account**

The costs of research projects developed in house (known as "own account" research) have to be fully covered from an identified source, even if the investigator intends to conduct the research outside of their clinical commitments.

Where the research is to be funded from Investigators' research accounts this should be detailed in the study protocol.

## 19 Contractual agreements

PHNT's R&D Office and Finance Department must be notified of all financial and research agreements with outside agencies (including commercial companies) prior to signing. Where appropriate PHNT will seek legal advice on the suitability of the agreement. The R&D office will advise and obtain an appropriate Trust signature on such agreements.

As a minimum, the full costs of commercially funded research should be recovered (including overheads at a rate agreed with the Finance Department).

## 20 Indemnity

Arrangements as given in the following guidance shall be adhered to:

- NHS Executive (1996) NHS Indemnity – arrangements for Clinical Negligence
- HSG (96) 48 NHS Indemnity arrangements for handling clinical negligence claims against NHS staff
- PHNT Claims Handling Policy (TRW.LEG POL. 133.2).

All commercial research contracts shall include an agreement that indemnifies PHNT against claims and proceedings arising from the study. For such studies, an agreement between PHNT and the company is to be signed by the authorised signatory of PHNT and an authorised representative of the company.

## 21 Intellectual Property

Refer to the PHNT Intellectual Property Policy: 'The Management of Intellectual Property'.

## 22 Health and Safety

The Site Principal Investigator is responsible for taking appropriate measures to ensure that issues associated with Health and Safety are managed in accordance with the Health and Safety at Work Act. This is to include, but not be limited to:

- **General principles:** knowledge and understanding of Health and Safety policies as they relate to their respective research activities, especially in relation to managing people and managing physical resources
- **Medical Devices/ Equipment:** knowledge and understanding of policies on the procurement of equipment, its use, maintenance, modification, disposal and

decontamination.

- **Control of substances hazardous to health:** knowledge and understanding of COSHH policies and general laboratory management procedures
- **Genetic modification:** ensuring the safety of patients, public and staff. The sharing of best practice procedures and compliance with applicable legislation
- **Radiation protection:** should meet the requirements of IR(ME)R regulations and be covered by ARSAC licenses
- **Occupational health:** knowledge and understanding of relevant policies

Advice may be sought from the Local Risk Co-ordinator, Risk Manager, Radiation Protection Advisor or R&D Department.

All research related incidents should be treated in the same way as other incidents and must be reported in accordance with the PHNT 'Policy for the Reporting, Management and Investigation of Untoward Incidents Including the Management of Serious Untoward Incidents'.

Additionally, Investigators have the responsibility to report Serious Adverse Events/Reactions (SAE/SAR) and Suspected Unexpected Serious Adverse Reactions (SUSAR) to the research sponsor and the R&D department.

## **23 Consultation and ratification**

The design and review process of this policy will comply with the Trust's formal policy on policy and procedural documents.

The review period of this document is set at five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate a significant revision to the policy.

The document will be reviewed and approved by the R&D Manager and the Associate Medical Director R&D and ratified by the Medical Director.

Non significant amendments maybe made to this document, under the delegated authority from the Medical Director, by the nominated author. These must be ratified by the Medical Director.

Significant reviews and revisions to this policy will include consultation with the R&D Director and the R&D Managers and appropriate line managers within the Trust. For non-significant amendments, informal consultation will be restricted to R&D managers and any other Trust line managers directly affected by the proposed change.

## **24 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all the staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.

## **25 Monitoring compliance and effectiveness**

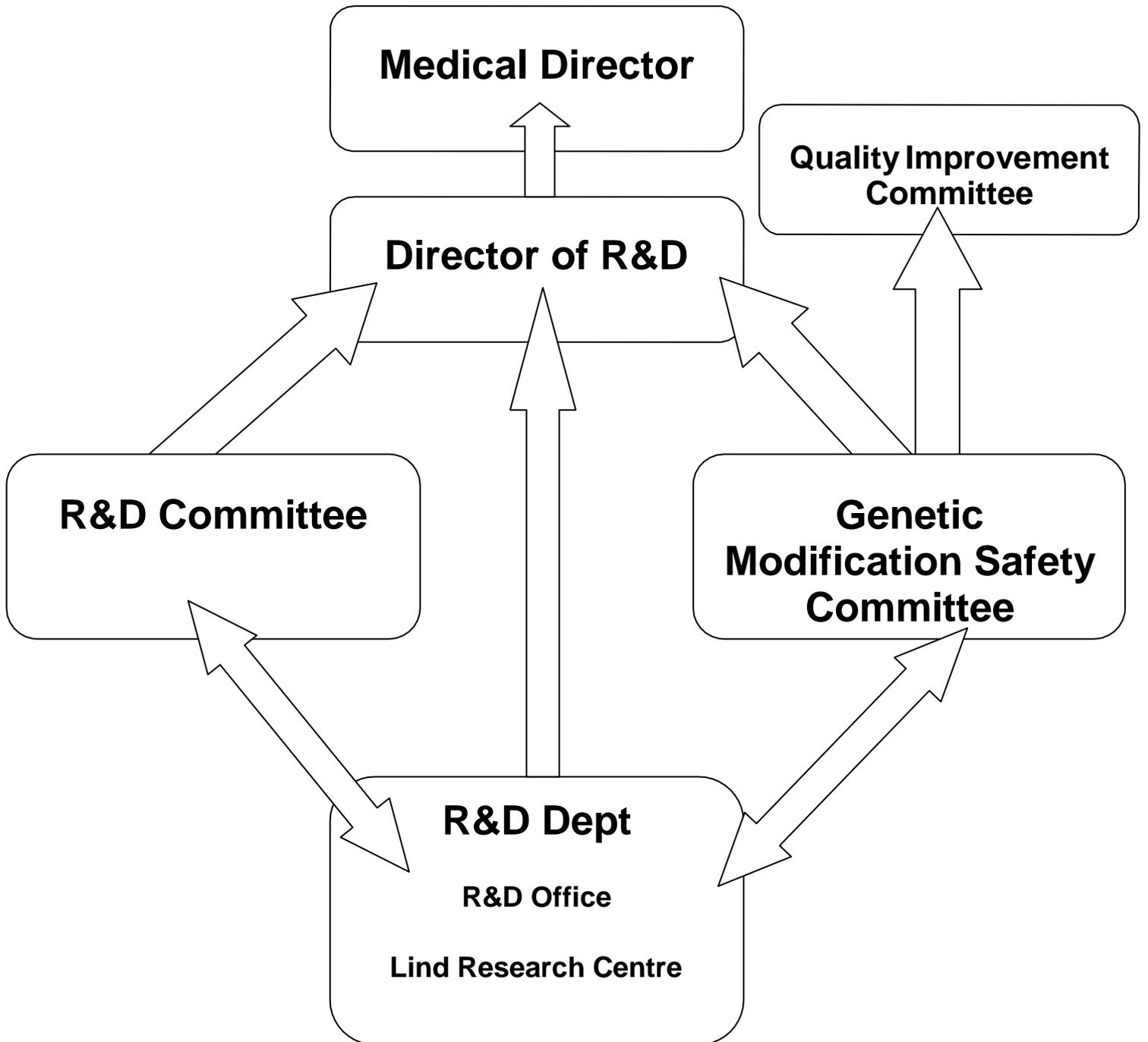
The Medical Director is responsible for ensuring that adequate arrangements are in place to monitor and review compliance with this policy.

R&D Managers are responsible for monitoring compliance with this policy and for reporting the results of this monitoring to the Associate Medical Director R&D and to the Medical Director.

## **26 References and associated documentation**

Trust Policies referenced are located on the Trust intranet at: <http://staffnet.plymouth.nhs.uk/DocumentLibrary/TrustDocuments.aspx?folderId=1230&view=gridview&pageSize=10#search>

R&D SOPs and guidance documents are located on the Trust intranet site at: <http://staffnet.plymouth.nhs.uk/Departments/ResearchandDevelopment/Documents.aspx>



## **Outline of key duties and responsibilities**

1. Provide advice to the Trust Board and Trust Senior Management on all matters relating to R&D, and their implications for service delivery and development
2. Report annually on progress to the Trust Board including data on key performance indicators.
3. Responsible for the strategic development of R&D in the Trust.
4. Ensure that research is in line with overall strategy and that all research taking place in the Trust is funded appropriately.
5. Oversee the maintenance of robust structures for research management and the delivery of high quality research governance.
6. Promotion of the role of research in the Trust and fostering a research culture
7. Work with R&D Managers to ensure transparent and fair mechanisms are in place for allocation of Research Network and Research Capability Funding (RCF) including funding for research Programmed Activity (PA) sessions.
8. Ensure that research taking place in the Trust is actively promoted externally particularly to key decision makers.
9. Represent the Trust's research interests to external organisations in the academic and healthcare sectors. This will include membership of the PUPSMD Research Committee and the SWPen CRN Management Board.
10. Development of research partnerships with other Trusts, Universities and Industry but in particular with the Plymouth University.
11. Provide line management for the Trust's R&D Manager, Clinical Trials Manager and Matron of Research.
12. Chair meetings of the Trust's R&D Committee and Genetic Modification Safety Committee.
13. Attend other Committees and Boards as appropriate.

**1. Objectives**

The Trust has established a Research and Development Committee to ensure research is proactively promoted, developed and managed with appropriate systems and processes for the Research Governance in place.

**2. Terms of Reference**

The Committee will:

- promote research within PHNT, participate in developing Trust R&D strategy, review this on a yearly basis, and ensure that research is conducted, wherever possible, in line with this strategy.
- act as a channel of communication with other members of staff in the Trust.
- assist in developing strategies within speciality areas, which fit with the overall Trust R&D strategy.
- foster a culture of multidisciplinary team work and good practice.
- provide a forum to discuss and review collaborations with external partnerships.
- approve on behalf of the Trust research and related policies e.g. the Research and Development Policy.
- nominate as required two independent experienced physicians from the R&D Committee together with at least one of the R&D Managers to form the R&D Governance Review Group – the role of the group is to ascertain whether studies (which do not require regulatory approval) may require immediate suspension and/or discontinuation of due to failure to comply with regulatory or Research Governance Framework and describe in the Trusts R&D Standard Operating Procedure (R&D 3).
- submit an annual report to the Trust Board.

**3. Committee Procedure**

I. The committee will be chaired by the Associate Medical Director for R&D. In the absence of the R&D Director a senior member of the Committee will assume this responsibility.

II. The Committee will meet on a quarterly basis.

III. Minutes from R&D meetings will be circulated to the Chief Executive and the Medical Director.

IV. In general, the members of the committee will be expected to serve for a

three-year period which can be renewed.

V. The quorum for decisions involving the allocation of resources will be 50% of the membership.

#### **4. Committee membership**

The membership of the Committee shall be as follows:

- Associate Medical Director for R&D (Committee Chair)
- Twelve research active members of Trust staff.
- The R&D Manager and the R&D Lead Research Nurse shall attend in an ex-officio capacity.

Calls for applications for membership of the Committee will be issued all members of Trust staff. The membership of the Committee will be selected from the applications received on the basis of experience and specialist knowledge to produce a balanced membership.

The Committee has the right to co-opt members to serve for a period specified by the Chair of the Committee.

The R&D Committee membership is listed on the R&D pages on Plymouth Healthnet and the Trust's website.

## **1. Summary**

Gene therapy involves the introduction of modified genetic material into a cell to treat disease. Many of the conditions treated in this way are genetic diseases that occur when genes malfunction. A common approach in gene therapy is to identify a malfunctioning gene and supply the patient with functioning copies of that gene. Other approaches include switching specific genes on or off, introducing genes to kill cancer cells, to suppress tumours by inhibiting the blood supply, or to stimulate the immune system to attack certain types of cells. Whichever approach is used, the aim of gene therapy is to introduce therapeutic material into the target cells, for this to become active inside the patient and exert the intended therapeutic effect. At present, gene therapy is still at the clinical research stage.

The UK Clinical Trials Regulations 2004 prohibit gene therapy on reproductive (germ line) cells; it can only be carried out on non-reproductive (somatic) cells. Germ line gene therapy can potentially cause changes in a patient, including harmful effects that could be passed on to future generations. It is therefore currently considered unacceptable for both ethical and safety reasons.

### **Administering gene therapy**

Successful gene therapy requires that the:

- genetic malfunction/nature of a disease is understood;
- therapeutic material can be delivered to the target cells in the affected tissue or organ;
- therapeutic material is active for the intended duration and delivers the intended benefit to the target cells;
- harmful side effects, if any, are manageable.

Therapeutic material can be delivered to the target cells in two main ways. First, it can be inserted into cells from the affected tissue outside the body, and these cells then returned to the body. Second, it can be delivered directly into the body at the required site. Either way a 'delivery vehicle' called a vector is used to get the therapeutic material to the patient's target cells. Vectors are most commonly based on genetically modified viruses, because these can target and enter cells efficiently. To date, some 70% of gene therapy trials approved in the UK have involved viral vectors.

## UK REGULATION OF CLINICAL GENE THERAPY

### UK REGULATORY BODIES

The Clothier Committee on the Ethics of Gene Therapy in 1992 recommended that gene therapy be limited to life threatening disorders. Researchers wanting to use gene therapy in clinical trials must obtain approval from the:

- **Gene Therapy Advisory Committee (GTAC)**, set up in 1993, is the UK national ethics committee for gene therapy clinical research under the Clinical Trials Regulations 2004. GTAC assesses the ethical acceptability of gene therapy research proposals taking account of the scientific merits and potential benefits and risks. It comprises specialists in medicine and science as well as lay members. GTAC also advises ministers on developments in gene therapy, networks with regulators worldwide and keeps itself informed on new developments in the field.
- **Medicines and Healthcare Products Regulatory Agency (MHRA)**, established in 2003 as the licensing authority for clinical trials in the UK. MHRA is the UK's competent authority for regulating medicinal products and devices.

Further approval from either the Department for Environment, Food and Rural Affairs (Defra) or Health and Safety Executive (HSE) will be required dependent on whether the planned study falls under 'Genetically Modified Organisms (deliberate release) Regulations' (Defra) or the 'Genetically Modified Organisms (Contained Use) Regulations' (HSE) the Trust's Research Governance Manager will advise as to which regulatory requirements are to be followed.

### **Genetically Modified Organisms (deliberate release) Regulations**

- **Competent Authority (CA) - Department for Environment, Food and Rural Affairs (Defra)**. In the UK, Ministers are given expert scientific advice on the safety for the release of GMOs such as GM vaccines in a clinical trial, by the independent Advisory Committee on Releases to the Environment.
- The CA will only agree to the release of GM organism, if a robust risk assessment indicates that it is safe for people and the environment. GM product applications should be assessed for safety on a case-by-case basis, taking full account of the scientific evidence.
- Environment Protection Act 1990 (EPA) is the primary legislation that gives the Defra Secretary of State general powers and responsibilities to control the deliberate release of GMOs in England, and to implement EU Directive 2001/18.

- Genetically Modified (Deliberate Release) Regulations 2002 supplements the EPA by setting out detailed rules for the implementation of Directive 2001/18, including specific requirements for applications to release GMOs.
- To encourage innovation, fair market access for safe products and economic growth, the Government believes that regulation of this technology must be proportionate.

### **Genetically Modified Organisms (Contained Use) Regulations**

➤ **Competent Authority (CA) - Health and Safety Executive (HSE)** require risk assessment of activities involving genetically modified micro-organisms and activities involving organisms other than micro-organisms (The viral vectors used in gene therapy fall into this category). All activities must be assessed for risk to humans and those involving GMMs assessed for risk to the environment;

- introduce a classification system based on the risk of the activity independent of the purpose of the activity. The classification is based on the four levels of containment for microbial laboratories;
- require notification of all premises to HSE before they are used for genetic modification activities for the first time;
- require notification of individual activities of Class 2 (low risk) to Class 4 (high risk) to be notified to the Competent Authority (which HSE administers). Consents are issued for all Class 3 (medium risk) and Class 4 (high risk) activities. Class 1 (no or negligible risk) activities are non-notifiable, although they are open to scrutiny by HSE's specialist inspectors who enforce the Regulations.
- require fees payable for the notification of premises for first time use, class 2, 3 and 4 activities notifications, and notified activities involving GM animals and plants.
- require the maintenance of a public register of GM premises and certain activities.

The *Genetically Modified Organisms (Contained Use) Regulations*, place a statutory duty on the Trust, as an employer wishing to conduct activities involving genetic modification, to establish a genetic modification safety committee (GMSC) prior to commencing these activities. The key requirement of the GMO (CU) Regulations is to assess the risks of all activities and to make sure that any necessary controls are put in place. The GMO (CU) Regulations provide a framework for making these judgments, and place clear legal obligations on people who work with GMOs. This document describes the function of the Trust's GMSC and the role of the members of that committee.

## **2. Role of the Genetic Modification Safety Committee**

- To advise on and review new and amended GM research activities within the Trust.

- Ensure the risk assessment has been completed in accordance with the *GMO (Contained Use) Regulations* and *Advisory Committee on Genetic Modification Compendium of Guidance (ACGM)*.
- Advise on the genetic modification safety training requirements needed to carry out the work.

### **3. Constitution of the Committee**

The Committee should be composed of:

- Chairperson.
- Secretary.
- Representative from the Pharmacy Clinical Trials Research Management
- The Principal Investigator or a representative from the project group intending to carry out a particular GM activity can be invited
- The Committee also has the right to co-opt members to serve for a period specified by the Chair of the Committee.

### **4. Role of the GM Chair**

The GM Chairperson should be a member of the Trust's staff. This will usually be the Trust's Associate Medical Director of Research.

The GM Chair must:

- Be aware of the *GMO (Contained Use) Regulations* & *GMO (deliberate release) Regulations*.
- Ensure that each application is dealt with in an unbiased manner.
- Provide advice regarding proposed GM projects.
- Give Trust approval for the project if they meet all regulatory and Local requirements
- If approval is conditional, ensure that the risk assessment form has been amended as requested.

### **5. Role of the GM Secretary**

- Be familiar with the *GMO (Contained Use) Regulations* & *GMO (deliberate release) Regulations*.
- Issue an acknowledgment to the Principal Investigator following the successful submission of a GM risk assessment form to the GMSC.
- Issue formal approval or rejection to the Principal Investigator following a GMSC meeting

- Ensure minutes of meetings are recorded and distributed as required
- Update the GM Chair and the Chair of the Quality Improvement Committee every 6 months as to the progress of any GM studies running in the Trust. In the event of a serious concern the Chairs will be notified immediately the GM Secretary is aware of the issue.

## **6. Duty / Role of GMSC Members**

The GMSC members must be aware of the following:

- GMO (Contained Use) Regulations & GMO (deliberate release) Regulations
- ACGM Compendium of Guidance.
- Advisory Committee on Dangerous Pathogens (ACDP) "The management, design and operation of microbiological containment laboratories" ISBN 0 71762034 4.
- Control of Substances Hazardous to Health Regulations (COSHH).
- Other relevant publications.

The Chair and members should:

- The Committee can seek confidential technical advice from sources outside the committee as required.
- Have an understanding of the risks to both human health and the environment that may arise from the proposed GM activity.
- Review the accuracy and detail of GM risk assessments presented to the Committee and advise accordingly.
- Ensure the risk assessment has been completed in accordance with the GMO (Contained Use) Regulations and ACGM guidance.
- Advise on the genetic modification safety training requirements needed to carry out the work.
- Consider whether the appropriate containment facilities, as indicated by the risk assessment, are available.
- Keep projects discussed within the Committee confidential.

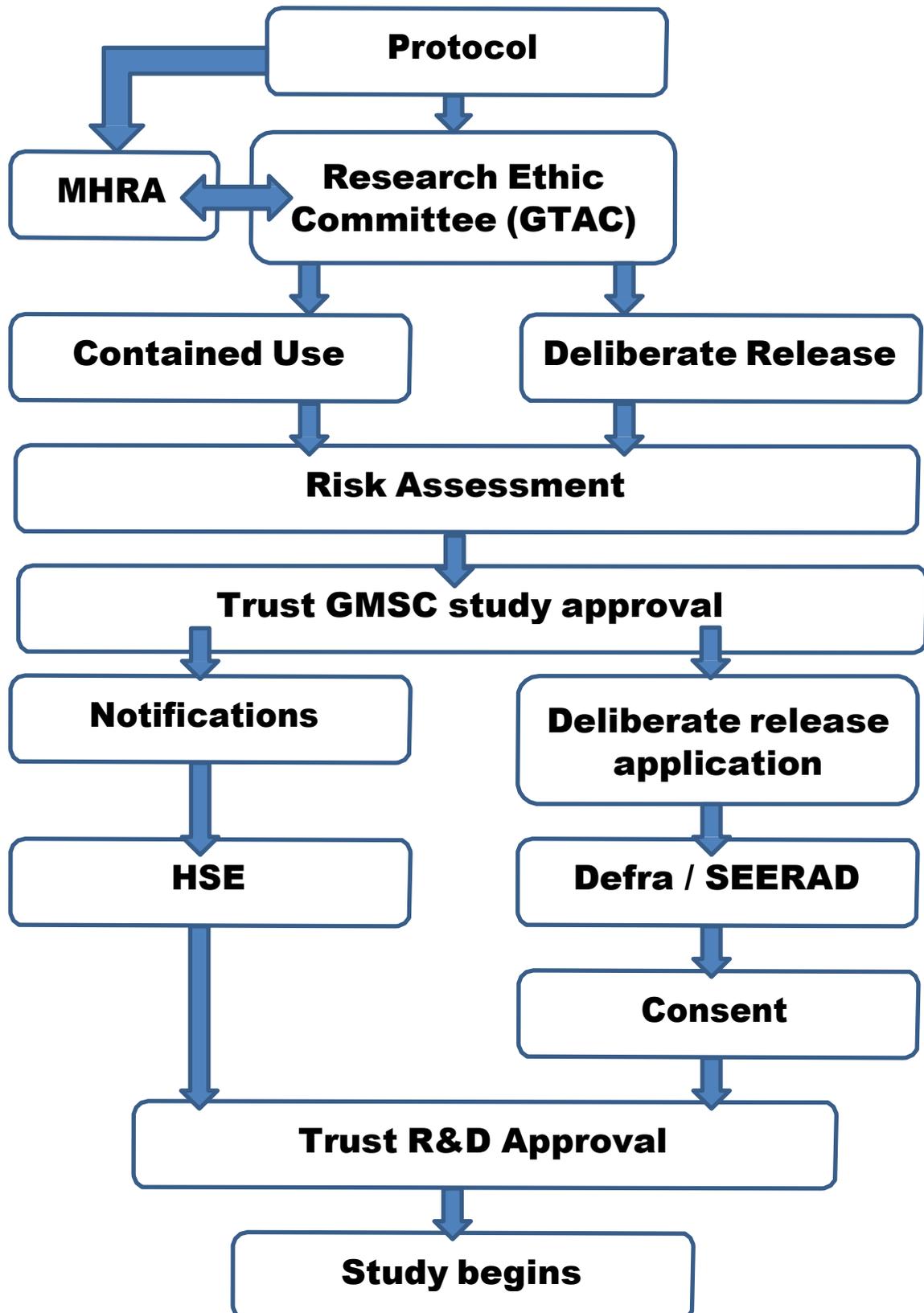
## **7. Meetings of the Genetic Modification Safety Committee**

The committee will only meet as required. Dates of the meetings will be fixed in advance; notice of the meetings will be circulated one week in advance and accompanied by a meeting agenda, minutes of the last meeting and papers for discussion. The Minutes of the Committee must be issued within two weeks of the date of the meeting and should be reported to the R&D Committee.

An accurate record of the meeting must be kept of:

- Date of meeting.
- Attendees.
- Apologies/absences.
- Title of the projects submitted to the Committee, principal investigator, directorate and location of work to be carried out in.
- R&D number assigned to the project.
- Agreed classification of the project and whether notification to the HSE is required.
- Containment level required.
- Any further control measures to be taken by the personnel involved with the project.
- Amendments to be added to the risk assessment form.
- Comments and concerns raised by the GMSC members regarding the project.
- Dissenting opinion and agreed outcome.
- Actions to be taken and the named responsible person.

Minutes must be distributed to the GMSC Committee members, the Chair of the Quality Improvement Committee and the R&D Committee Chair.



<b>Research</b>	<b>Clinical audit</b>	<b>Service evaluation</b>
The attempt to derive generalisable new knowledge, including studies that aim to generate hypotheses, as well as studies that aim to test them.	Designed and conducted to produce information to inform delivery of best care.	Designed and conducted solely to define or judge current care.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.	Designed to answer the question: “Does this service reach a predetermined standard?”	Designed to answer the question: “What standard does this service achieve?”
Addresses clearly defined questions, aims and objectives.	Measures against a standard.	Measures current service without reference to a standard.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use ONLY (the choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference).	Involves an intervention in use ONLY (the choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference).
Usually involves collecting data that are additional to those for routine care, but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.	Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.
Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention groups: the healthcare professional and patient have chosen intervention before clinical audit.	No allocation to intervention groups: the healthcare professional and patient have chosen intervention before service evaluation.
May involve randomisation.	No randomisation.	
ALTHOUGH ANY OF THESE THREE MAY RAISE ETHICAL ISSUES, UNDER CURRENT GUIDANCE:-		
<b>RESEARCH REQUIRES REC REVIEW</b>	<b>AUDIT DOES NOT REQUIRE REC REVIEW</b>	<b>SERVICE EVALUATION DOES NOT REQUIRE REC REVIEW</b>
<b>Must be registered and approved with the Trust’s R&amp;D Dept.</b>	<b>Must be registered and approved with the Trust’s Clinical Audit Dept.</b>	<b>Must be registered and approved with the Trust’s Clinical Audit Dept.</b>

**Key discriminants are:**

**1 INTENT** -The primary aim of research is to derive new knowledge; audit and service evaluation measure level of care. Research is to find out what we should be doing; audit is to find out if we are doing. Nevertheless, a project may have more than one intent; in such a case, a judgement is needed as to what the primary aim is.

**2 TREATMENT** - Neither audit nor service evaluation uses a treatment without a firm basis of support in the clinical community.

**3 ALLOCATION** - Neither audit nor service evaluation allocate treatment by protocol. It is by decision of clinician and patient.

**4 RANDOMISATION** - If randomisation is used, it is research.

Core Information				
<b>Document Title</b>	TRW.RAD.POL.150.6 Research and Development Policy			
<b>Date Finalised</b>	January 2016			
<b>Dissemination Lead</b>	Chris Rollinson			
Previous Documents				
<b>Previous document in use?</b>	TRW.RAD.POL.150.5 Research and Development Policy			
<b>Action to retrieve old copies.</b>	Remove previous version on Trust Documents Network share Folder			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All research active Trust staff	As soon as the documented is ratified and placed on the Trust Intranet site.	Trust Documents Network share Folder and via 'Vital Signs' staff news letter and e-mail to all research staff	Chris Rollinson	

Review		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
<b>Manager</b>	Dr Chris Rollinson (Research Governance Manager).
<b>Directorate</b>	Research & Development
<b>Date</b>	
<b>Title</b>	Research & Development Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	To ensure the safety and well being of patients taking part in research projects and the production of verifiable good quality data.
Scope of the assessment	
<p>Research is essential to the successful promotion and protection of health and wellbeing, and also to modern, effective health and social care services. At the same time, research can involve an element of risk, both in terms of return on investment and sometimes for the safety and wellbeing of the research participants. Proper governance of research is essential to ensure that the public can have confidence in, and benefit from, quality research in health and social care. The public has a right to expect high scientific, ethical and financial standards, transparent decision making processes, clear allocation of responsibilities and robust monitoring arrangements.</p>	
Collecting data	
<b>Race</b>	<p>There is no evidence to suggest that there is an impact on race regarding this policy.</p> <p>Anonymous ethnic data is collected by the MHRA (the national regulator) for drug studies <i>via</i> the Developmental Safety Update Report (DSUR).</p> <p>Consideration needs to be made if the first language of the participant is not English and interpretation services should be offered. Consideration should also be made if information provided is required in a different language.</p>
<b>Religion</b>	<p>There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy.</p>
<b>Disability</b>	<p>There is no evidence to suggest that there is an impact on disability regarding this policy.</p> <p>Consideration needs to be made for participants who declare a disability, learning disability or mental health issue and reasonable adjustments must be made as appropriate (see Trust research SOPs).</p>
<b>Sex</b>	<p>There is no evidence to suggest that there is an impact on sex regarding this policy.</p> <p>The sex of individuals is collected by the MHRA for drug studies <i>via</i> the Developmental Safety Update Report (DSUR).</p>
<b>Gender Identity</b>	<p>There is no evidence to suggest that there is an impact on gender identity regarding this policy.</p>

<b>Sexual Orientation</b>	There is no evidence to suggest that there is an impact on sexual orientation regarding this policy.
<b>Age</b>	<p>There is no evidence to suggest that there is an impact on age regarding this policy.</p> <p>Data on the age range of trial participants is collected by the MHRA for drug studies <i>via</i> the Developmental Safety Update Report (DSUR)</p>
<b>Socio-Economic</b>	<p>There is no evidence to suggest that there is an impact on socio-economical issues regarding this policy.</p> <p>It is recognised that participants from low income families tend to carry a greater disease burden and are therefore more likely to be invited to take part in research. However, where possible the risks and benefits of taking part in research should be borne by society as a whole.</p>
<b>Human Rights</b>	<p>The document has considered that a priority of the research team is the dignity, rights, safety and well-being of participants.</p> <p>Arrangements are in place for the disclosure of relevant information should the participant be under the auspices of the local authority or other agencies</p>
<b>What are the overall trends/patterns in the above data?</b>	No comparative data has been used to date which means that no trends or patterns have been identified
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	<p>No gaps have been identified at this stage but this will be monitored.</p> <p>It is well known that not enough paediatric &amp; elderly drug studies are done; this is the reason that the MHRA requires clinical trial DSUR data to be broken down by race, gender, age of participants in an effort to monitor the research effort in these areas.</p>
<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	Prof Simon Rule <i>R&amp;D Director</i> , Dr Lisa Vickers <i>R&amp;D Manager</i> , Corinna Mossop <i>Clinical Trials Manager</i> , Ben Hyams <i>Research Matron</i> and Jo Arthur <i>Information Governance Support Manager</i> .
<b>External involvement and consultation</b>	None.

## Impact Assessment

### Overall assessment and analysis of the evidence

Consideration needs to be made if the first language of the participant is not English and interpretation services should be offered. Consideration should also be made if information provided is required in a different language.

Consideration needs to be made for participants who declare a disability, learning disability or mental health issue and reasonable adjustments must be made as appropriate.

It is recognised that participants from low income families tend carry a greater disease burden and are therefore more likely to be invited to take part in research. However, where possible the risks and benefits of taking part in research should be borne by society as a whole. The document has considered that a priority of the research team is the dignity, rights, safety and well-being of participants.

Arrangements are in place for the disclosure of relevant information should the participant be under the auspices of the local authority or other agencies

For research to be considered to be ethical it should comply with the following seven principle:

1. Societal/ Scientific value. Research that will improve health and well being or increase knowledge
2. Scientific validity. Use of acceptable scientific principles & methods and competent investigators, to produce reliable and valid data
3. Fair subject selection. Selection of subjects so that vulnerable individuals are not targeted for risky research, and the rich and socially powerful not favored for potentially beneficial research
4. Favorable risk-benefit ratio. Minimize risks, enhance potential benefits, risks are proportionate to the benefits to the subject or society
5. Respect for subjects. Subjects should have their privacy protected, the opportunity to withdraw, their well-being monitored & maintained, be informed of new information concerning research, compensated for injury
6. Informed consent. Provide adequate information to subject so that he or she can make voluntary decision
7. Independent review. Review of the above by individuals unaffiliated with the research (Independent Peer & Ethics review).

## Action Plan

Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents and complaints.	Research Governance Manager & Research teams	Litigation Patient safety Data quality Trust reputation	ongoing	Monthly reports made to the Quality Committee.