Good Clinical Practice (GCP)

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What is GCP?

• An international ethical and scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects
• The quality standard by which we run our studies and against which they are assessed
• Developed as a result of a number public disasters, incidences of serious fraud and abuse of human rights
Examples being....

- **1930s**
  - Cough medicine killed over 100 people before being withdrawn
- **1940s**
  - Human rights abuses through experimentation during WWII
- **1950s/early 60s**
  - Thalidomide disaster
- **1931-1972**
  - Tuskegee syphilis study
Brief History

- 1947: Nuremburg Code
- 1964: Declaration of Helsinki
- 1996: ICH-GCP
- 2004: European Directive
- 2005: MRC GCP
- 2011: Research Governance Framework

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Why do we have standards?

**Quality of Data**

- Ensure that the data about the drug/intervention is valid and reproducible
- Give public assurance that the data is credible

**Patient Protection**

- To ensure safety of patients participating in study is protected
- To ensure that drugs/interventions we develop are safe for patients in the future.

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On a Practical Level GCP means:

- Approvals
- Staff suitability and training
- Requirements around informed consent
- Data recording and record keeping
- Adverse event reporting (safety data)
- Drug accountability (if applicable)
## Drug and non-Drug Study Requirements

**DRUG**
- Must identify a sponsor
- Require favourable opinion from research ethics committee
- Require host R&D approval
- Must maintain study master file
- Must receive consent from participant
- Must collect accurate data
- Must create clear audit trail
- Must be aware of safety reporting requirements
- Must conduct study to GCP guidelines
- Must demonstrate financial transparency
- Must be adequately funded

**Non-Drug**
- Must identify a sponsor
- Require favourable opinion from research ethics committee
- Require host R&D approval
- Must maintain study master file
- Must receive consent from participant
- Must collect accurate data
- Must create clear audit trail
- Must be aware of safety reporting requirements
- Must conduct study to GCP guidelines
- Must demonstrate financial transparency
- Must be adequately funded
Approvals

• All Research Studies
  – Ethics Approval
  – Local NHS Institution Approval

• Drug (CTIMP) Studies
  – MHRA Approval

  • BEFORE ANY SUBJECTS CAN BE ENROLLED
Staff Suitability and Training

- GCP training
- Qualified by education, experience and training to undertake specific roles-(no more)
- CVs-up to date
- Study specific training
- Consent training
- Agreed by the Principal Investigator and documented on a Delegation of Authority Log

THE PRINCIPAL INVESTIGATOR RETAINS OVERALL RESPONSIBILITY
The Importance of Informed Consent

- Without fully informed consent:
  - a study subject could sue
  - indemnity may be invalid
  - study approval may be withdrawn
  - future proposals may not be supported
  - inspection/audit requirements will not be met
The Process of Informed Consent

Introduce study idea

Provide written and verbal information

Time to consider study and answer questions

Agreement to proceed by signed and dated consent form

Confirm willingness to continue at each visit

Before any trial related procedures take place
Data Recording & Record Keeping

• Each study must have an Investigator Site File
• Records must be accurate, legible and complete
• All data fields must be completed
  – Not known (NK) only when all avenues exhausted
  – Not done (ND) – why?
• Any change should be dated, initialled and (if necessary) explained
• Strike through original entry with single line (should not obscure original entry)
• Confidentiality to be maintained at all times
• Records archived for a minimum of 5 years
The Investigator Site File/Data Collection Forms are your evidence

“If it’s not written down, it didn’t happen, and if you can’t find it within 1 hour it doesn’t exist”
Adverse Event Reporting (Safety)

• Why?

• Determines the safety profile and enables the accurate risk of the drug/treatment/procedure to be assessed
• Often done on an ongoing basis to monitor the safety of treatment(s) during a trial
• Also continues post marketing and monitors the safety profile when opened to wider, less controlled patient populations – may be a change in the risk/benefit ratio years after licensing
Responsibilities

• **Investigator**
  – Report all serious adverse events “immediately” to the sponsor and host organisation (except those identified as exempt in the protocol)
  – Follow up the immediate report with a detailed written report
  – Produce an annual Development Safety Update Report (DSUR) for drug studies

• **Sponsor**
  – Report unexpected and causally related serious adverse events (SUSARs) to the regulatory authority (MHRA) and ethics committee within mandated timeframes
Drug Accountability

• Why account for Investigational Medicinal Product (IMP)?
  – Requirement of GCP and Good Manufacturing Practice (GMP)
  – Enables us to determine who received what (disposition) and how much (compliance).
  – Facilitates destruction / recall
Responsibilities

• Investigator responsible for:
  – Receipt (shipping notes) & Storage (restricted access, suitable conditions)
  – Prescription (according to protocol, in a timely manner)
  – Allocation (according to randomisation schedule)
  – Dispensing (by qualified person & according to protocol)
  – Temperature monitoring
  – Destruction records
GCP Training Options

- **Classroom** one per month rotated between sites
  - Strongly recommended if no previous GCP experience
  - Approx 2.5 hours
  - Assessment
  - Certificate valid for 2 years
  - Booked through e-UHL
- **Classroom-CLRN training** available for portfolio studies, contact Michelle Eve michele.eve@uhl-tr.nhs.uk, or Rosemary Harrison, rosemary.a.harrison@uhl-tr.nhs.uk
- **e-learning via e-UHL**
  - Suitable if had previous training, as a refresher
  - Reflects the classroom session for consistency-same assessment
- **External providers**-cost implications
Thank you

Any questions?