

**Memorandum of Understanding
for Joint Working for Effective Research Governance
between
The Peninsula Clinical Trials Unit (PenCTU)
and
{Trust name}**

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Dated: 2 August 2010

The Peninsula Clinical Trials Unit (PenCTU) is one of 31 units to receive UK Clinical Research Collaboration (UKCRC) full registration. The objective of the PenCTU is to provide the infrastructure to support and encourage PCMD and NHS researchers across the Peninsula to **design** and **deliver** high quality clinical trials and other studies. It is recognised that high quality studies require not only design and methodological expertise but also appropriate systems and processes to be in place, to ensure both governance (including Good Clinical Practice (GCP)), and their efficient delivery.

The CTU is based in Tamar Science Park and comprises a quality assurance manager, data managers, trial managers and a unit coordinator, and also draws upon statistical, health economic and trial design expertise from the PCMD and University of Plymouth School of Computing & Mathematics. The Unit is supported by funding from the PCMD and a National Institute for Health Research Clinical Trials Unit Infrastructure Support grant. A copy of the PenCTU Strategic Plan is attached to this document (Appendix 1).

PRINCIPLES

The PenCTU and the {Trust name} collectively referred to as the “Parties”, agree to work collaboratively to ensure high standards of research management, administration and governance. The Parties recognise that all clinical and medical research involving the two organisations will adhere to the legal and ethical framework set for research.

The R&D Office in the {Trust name} and the PenCTU have the prime responsibility for ensuring that governance arrangements for research involving the Parties are agreed and followed. Close working between the offices is essential.

This Memorandum of Understanding covers in broad terms arrangements that are required to ensure effective and efficient governance of research affecting both organisations, and supplements, but does not replace, other extant agreements (including study specific agreements) affecting the working relationship between the PenCTU and the {Trust name}.

This Memorandum of Understanding will come into effect on the date of its signature by both Parties, but is not intended by either party to be a legally binding contract.

1 SCOPE

The Memorandum of Understanding applies to any research in which both organisations are jointly participating.

2 PERSONNEL

2.1 Honorary Contracts

2.1.1 For researchers not employed by an NHS organisation, an NHS honorary contract is required where the actions of a researcher could foreseeably directly affect the {Trust Name}'s patient care or its staff.

2.1.2 The process by which PenCTU employee honorary contracts can be accessed and approved through the {Trust name} R&D department will be shared with the PCMD personnel department. The Universities of Exeter and Plymouth are currently signed to the Research Passport scheme.

2.2 Scientific Misconduct

2.2.1 The {Trust name} and the PenCTU agree to notify each other, in accordance with their organisational policies, should any allegations of misconduct (including fraud) arise involving an employee from either party.

3 RESEARCH ACTIVITY

3.1 Research Authorisation

3.1.1 No research may take place involving either the {Trust name} or the PenCTU until all of the required approvals and authorisations have been given.

3.1.2 Before initiating a trial, the sponsoring organisation will define, establish and allocate all trial-related duties and functions. The trial protocol will include a scheme of allocation and delegation ('matrix of responsibilities'). For research involving the parties to this Memorandum of Understanding the scheme will be incorporated into a legal enforceable contract prepared by the sponsor or their legal representative.

3.1.3 For the majority of research covered by this Memorandum of Understanding, formal, explicit approval by an NHS Research Ethics Committee (REC) is required before the research can begin. These guidelines, conditions and procedures will be followed by the Parties and their employees.

3.1.4 Formal and explicit approval by {Trust name}'s R&D office is required before research involving any of the following can begin:

- employees of the {Trust name} as researchers or research subjects
- access to resources, facilities, premises or services of the {Trust name}
- access to patients for which the {Trust name} has responsibility, their relatives or carers (including patients treated under contracts with private sector institutions)
- access to patient information, tissues, organs or fluids (whether taken specifically for research, taken from material that is surplus to clinical requirements, or archived material).

3.1.5 {Trust name} and the PenCTU will ensure that their employees are aware of the requirements and procedures for obtaining approval to start their research.

3.1.6 The Parties will ensure that personnel intending to undertake research requiring specific assessment and approval procedures as set down in national guidelines, are aware of, and follow, the national procedures.

3.2 Principal Investigators

3.2.1 In a multi-centre or single-centre clinical trial the principal investigator (PI) is the person who is responsible for the research at the {Trust name} site. Where a clinical trial is conducted over a number of study sites (multicentre) a chief investigator (CI) is the person with overall responsibility for the research across all study sites. It is a requirement of the {Trust name} that all research involving its resources or patients must have a designated Principal Investigator (PI), who is either employed by the {Trust name} or holds an honorary attachment with the {Trust name}. The PI has specific duties and responsibilities under research governance, as specified in the *Research Governance Framework (2005)*.

3.3 Sponsor

- 3.3.1 All research must have a sponsor i.e. institution or organisation which takes responsibility for the initiation, management and /or financing of a clinical trial. The sponsor should comply with the *NHS Research Governance Framework (2005)*.
- 3.3.2 If in addition the research is a clinical trial as defined by the Medicines for Human Use (Clinical Trials) Regulations (2004) the role of sponsor will be discussed by the Parties.
- 3.3.3 If no external organisation is willing to take on the role of sponsor and neither the {Trust name} nor the PenCTU agree to take on the role, then the research must not take place.

3.4 Monitoring and Auditing of Research

- 3.4.1 All research conducted on NHS premises will be subject to monitoring and audit activities. The Parties will each give the other such assistance as is needed for monitoring and auditing research activity to ensure it is carried out in accordance with the relevant policies and procedures. The responsibility of the parties for monitoring and audit should be agreed as part of the specific study scheme of allocation and delegation ('matrix of responsibilities').
- 3.4.2 All researchers will be required to provide brief annual reports for each research project, indicating progress with the research and a final report on completion of the research. The Sponsor, REC and MHRA may also have specific reporting requirements.

3.5 Risk management and incident reporting

- 3.5.1 All research involving {Trust name} is covered by its policy on reporting research-related adverse events. Incidents and serious adverse events which occur as a result of a research project must be notified to the {Trust name} R&D Department or the study Sponsor. Such occurrences should be reported as soon as possible after the event and in accordance with the {Trust name}'s adverse incident reporting procedures.
- 3.5.2 Any incident on a clinical trial conducted under the EU Directive on Good Clinical Practice in Clinical Trials (The Clinical Trials Directive 2001/20/EC) must be reported in accordance with statutory provisions and as defined in the study specific agreement ('matrix of responsibilities'), and the procedure stated in the protocol, which will include notifying the Sponsor and the REC.

3.6 Intellectual property

- 3.6.1 The management of intellectual property (IP) shall be agreed by both Parties in advance of the research/study proceeding. The {Trust name} may seek to first agree an outline for an IP agreement.

4 INFORMATION

- 4.1.1 Wherever practical and subject to legal restrictions on data protection, freedom of information, and confidentiality, the Parties shall make available to each other relevant information needed to ensure proper governance of research. This will include information about:
- Research funding applications and awards
 - Research publications and other forms of output
 - Research ethics submissions
 - Research activity

- Details of research-based postgraduate training involving {Trust name}

4.2 Publications

- 4.2.1 Pls must observe and ensure that any confidentiality obligations and commercial arrangements which exist with a research sponsor are complied with.

4.3 Ethics submissions

- 4.3.1 Information about submissions made to the REC will be freely shared between the Parties.

5 FINANCES

5.1 Research awards

- 5.1.1 Each party will ensure that legitimate costs claimed by both parties are incorporated into all research grant applications. The Peninsula College of Medicine & Dentistry (PCMD) R&D department have responsibility for the calculation of costs associated with PenCTU involvement in research studies. Before finalising research grant applications, both PCMD and {Trust Name} R&D department must be satisfied that the other party has been consulted and had an opportunity to include its legitimate costs.

- 5.1.2 The PenCTU will inform the {Trust name} R&D department of successful grants and projects relating to potential research activity in {Trust name}.

5.2 Overheads

- 5.2.1 All PenCTU and {Trust name} employees involved in research should ensure that the full economic costs/research, service, support and treatment costs of the research project are recovered as appropriate. Further clarification on the recovery of overheads and the organisational policy must be obtained from the {Trust name} and PCMD R&D department. .

5.3 Contracts

- 5.3.1 Neither Party will sign a contract that commits services or resources provided by the other without the other Party's agreement.

6 ACCESS TO PATIENTS, PATIENT MATERIAL AND INFORMATION

6.1 Duty of Care

- 6.1.1 The {Trust name} has a statutory duty to provide competent staff and a system of effective supervision for the care of its patients, and is vicariously liable for the actions of its staff. Researchers working with the {Trust name}'s NHS patients or their material, samples etc. must therefore be indemnified. The Health Service Guidelines (HSG) (96) 48 describe the extent of this liability in relation to clinical negligence.

6.2 Confidentiality

- 6.2.1 Data obtained for the purposes of research will be managed in accordance the Data Protection Act 1998.

6.3 Consent

- 6.3.1 Researchers must obtain informed consent before involving patients in research, and ensure that the consent process is documented in the patient records.

6.4 Use of Human Tissue, Fluids and Organs

6.4.1 The use of human tissue will follow current best practice guidelines, the Human Tissue Authority Codes of Practice 9 (September 2009). The Parties must ensure that their employees are aware of and abide by these policies.

6.5 Patient Records

6.5.1 Access to patient records for research purposes is only permitted when:

- the patient has given explicit consent for that use
- Ethics Committee and {Trust name} approval for the research has been given

6.6 Data Protection

6.6.1 The Parties will ensure that their employees abide by the Data Protection Act 1998 for storing and processing personal information.

6.7 Liability, Insurance and Indemnity

6.7.1 For all commercially sponsored research, the {Trust name} is required to obtain an indemnity from the commercial sponsors against claims for non-negligent harm. The research will not be allowed to take place without such an indemnity. This is irrespective of any indemnities arranged between the sponsor and the PenCTU.

6.7.2 The {Trust name} will also seek indemnities wherever possible from non-commercial research sponsors, but may allow the research to take place provided it is clear to those taking part in the research that they would only be able to make claims for negligence.

6.7.3 The {Trust name} is not permitted to take out insurance cover against claims of compensation for non-negligent harm. Therefore any research for which the {Trust name} is acting as sponsor will not be covered for non-negligent harm.

6.7.4 In order to be covered by NHS Indemnity, the PI and any researchers must hold an NHS contract or an honorary NHS contract.

6.8 Clinical Research outside NHS premises

6.8.1 Clinical research involving patients of the {Trust name} can only take place on {Trust name} premises or in areas specifically agreed with the {Trust name}. The PI will ensure that no clinical research involving patients of the {Trust name} takes place on premises outside the designated areas as indicated in the Ethics Committee approval.

7 HEALTH AND SAFETY

7.1 Occupational Health

7.1.1 The Parties will share relevant policies on occupational health issues as appropriate.

7.1.2 The Parties will require the full compliance of researchers with the Health and Safety at Work Act, the Control of Substances Hazardous to Health (COSHH) and Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR) policies as appropriate for both organisations. Where there is any doubt on the part of the PI the Health and Safety Officer must be contacted for advice.

7.2 Pharmaceuticals

- 7.2.1 All medicines used for research must be stored and dispensed through the {Trust name}'s pharmacy or through alternative arrangements explicitly agreed with the {Trust name}.
- 7.2.2 All Clinical Trials involving medicines must be authorised by the Medicines and Health Care Regulatory Agency (MHRA).

7.3 Medical Devices

- 7.3.1 All medical devices used for research must be CE-marked or labelled "exclusively for research".

7.4 Radiation Protection

- 7.4.1 The Parties will ensure that Administration of Radioactive Substances Advisory Committee (ARSAC) ARSAC and The Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) guidelines are followed as appropriate.

8 REFERENCES

- (1) Department of Health's Research Governance Framework for Health and Social Care¹ (RGF).
- (2) UK Medicines for Human Use (Clinical Trials) Regulations 2004

9 APPENDIX

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Peninsula Clinical Trials Unit – Strategic Plan

Background

Peninsula College of Medicine and Dentistry (PCMD) has built a strong reputation in running and contributing to local and national clinical trials and high quality observational studies, particularly in primary care, neurology, cancer, mental health, diabetes and child health.

On the strength of this activity, in November 2007, PCMD Peninsula Clinical Trials Unit (PenCTU), was of one 26 units to receive UK Clinical Research Collaboration (UKCRC) full registration following review by an international panel.

<http://www.ukcrc.org/infrastructure/ctu/ukcrcregisteredctus.aspx>

In addition to PCMD funding of CTU staff and support from PCMD methodologists, the CTU was successful in obtaining a National Institute for Health Research (NIHR) Clinical Trials Unit Infrastructure Support funding contract for 3 years commencing from 1 September 2008 for £150k per annum. It is anticipated that up to 80% of this funding will be reimbursed to NIHR as a result of successful funding bids to The NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) programmes.¹ PenCTU's first full contract review will take place in September 2010 with interim 12-month reports to NIHR. This paper outlines the Strategic Plan for the PenCTU over the remaining 2 years of this 3-year funding period.

Objective

The fundamental objective of PenCTU is provide the infrastructure in order to support and encourage researchers² across the Peninsula to design and deliver high quality clinical trials and other well designed studies (referred to collectively in this document as 'studies'). It is recognised that high quality studies require not only design and methodological expertise but also appropriate systems and processes to be in place to ensure governance, including Good Clinical Practice (GCP), and their efficient delivery.

PenCTU 'infrastructure' includes: (1) a multi-disciplinary team of health services researchers/methodologists, trial managers and IT staff skilled in study design and delivery; and (2) provision of support services to facilitate the running and delivery of studies (e.g. independent central randomisation, staff to provide data entry).

¹ Health Technology Assessment; Public Health Research; Efficacy and Mechanism Evaluation; Health Services Research; and Service Delivery and Organisation funding programmes

² With particular focus on researchers in PCMD, Universities of Plymouth & Exeter and NHS focusing in the areas that relate to PCMD strategic research themes (diabetes, cardiovascular, aging/neuroscience/environmental & human health/health services research).

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Staffing

PenCTU is currently led by a Clinical Director and a Scientific Director, and staffed by a Quality Assurance Manager, Assistant Data Manager, Unit Coordinator and two Trial Coordinators (to be advertised) and is located on the Plymouth PCMD campus.

To fulfil its role, PenCTU draws upon the input of a number of PCMD methods groupings that include medical statistics, health economics, qualitative research and trial managers. Over the last 2-3 years, the provision of PCMD methodological support has been provided under the umbrella of the Clinical Research Methodology Unit (CRMU). CRMU is now 'rebadged' under the single heading of PenCTU.

Strategic direction

PenCTU's strategic direction draws upon both the recently updated PCMD Research Strategy 2009-2015 and UKCRC strategy for CTUs.

The PenCTU will report to the SW Peninsula Clinical Research Collaboration (SWPRC) through its Management Board. The CTU Operational Management Group will include representation from medical statistics, health economics, SW RDS, SW CLRN and disease-based trial leads and will meet two monthly reporting to SWPRC. The PenCTU Directors attend and report to the national UKCRC CTU Directors Meetings that take place two to three times per year.

Principles

- Design and delivery of high quality studies led by Peninsula researchers.
- Prioritisation of support for clinical trial design and delivery according to PCMD's strategic research themes (diabetes, cardiovascular, aging/neuroscience/environmental & human health).
- Efficient and timely support of the provision methodological support for studies.
- Full and appropriate costing of methodological research support and infrastructure of funding applications.
- Maintenance of a database of clinical trial activity (applications and funded) across the Peninsula.
- Provision of support across the three institutes of PCMD (IHSR, IBCS & ICE), health service researchers in the Universities of Exeter and Plymouth and Peninsula NHS researchers.
- Close linkage with key research groupings across the Peninsula including SW RDS, SW CLRN & FOCUS.
- Contribute to the national network of CTU activity through the UKCRC.
- Foster collaboration with CTUs in South West and nationally and the Bristol MRC methodological Hub and develop an agenda of clinical trial methods research.
- Support the PCMD staffing strategy for training and development of local researchers, trial/managers and IT staff to ensure sustained CTU capacity.
- Close liaison with NHS partners

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Way of working

Whilst it is acknowledged that established research groups have the internal capacity to continue take forward the design and delivery of clinical trials, as outlined in the PCMD Research Strategy, future clinical trial funding applications are encouraged to seek some level of PenCTU involvement. Many funders (notably NIHR) now seek explicit evidence of CTU involvement in funding applications. PenCTU support may include facilitating local peer review of funding applications to the provision of methodological and trial support to aid the delivery and management of funded trials. It is also recognised that a proportion of important research questions will be proposed by clinicians/researchers with little or no previous experience of previously running trials. In appropriate circumstances, the PenCTU will support these investigators develop their proposal with the understanding and agreement that the trial will be managed and 'run through' the CTU.

To ensure efficient, timely and equitable service support, the PenCTU will operate through a single point of contact. Project chief investigators seeking the input of unit should complete a short form detailing the nature of their project and request for support, either online (at the PenCTU website) or by phone (through the Unit's coordinator) at least 6 weeks before any funding applications are submitted. At its regular meeting, requests for support will be discussed and the appropriate level and nature of PenCTU support identified (e.g. forward request to statistics or health economics research group for advice on trial design). The requestor will then be contacted and support action/timescale agreed. Where necessary, PenCTU will assist coordinate necessary project meetings and assist with the preparation of the funding application.

Chief investigators of projects receiving PenCTU support will be responsible for ensuring that CTU endorsed SOPs are followed. Compliance will be monitored by PenCTU.

Services

It is envisaged that PenCTU service support will broadly fall into two categories – 'project design' i.e. support for PCMD led research projects in seeking external research support and 'project delivery' i.e. support for PCMD led projects following the funding. Whilst researchers encouraging early PenCTU engagement and at the beginning of the design and conception of a project design, it is also recognised that the unit will need to capacity to provide support for the delivery of funded projects (particularly if led externally to the Peninsula).

1. Design

PenCTU seeks to provide the necessary range of support to allow researchers prepare high quality funding applications that are likely to be successful. PenCTU design support and expertise include:

- Trial and study design
- Statistics and data analysis
- Epidemiology
- Health economics

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- Outcome measurement
- Qualitative methods
- Database design and development
- GCP & research governance
- Trial management
- Study costings

And act as a sign-post and facilitate linkage with local research networks and PCMD groups with expertise in evidence synthesis/systematic review, modelling and simulation and patient involvement in research.

Whilst in principle PenCTU seeks to provide such a design service to support all applications, given its finite capacity and in accord with PCMD's research strategy and local NHS considerations, where necessary, priority will be given to NIHR and Research Council applications. In view of the specific remit of NIHR to provide support for the design of RfPB applications, PenCTU will closely liaise with SWRDS support for such funding applications, and under normal circumstances SWRDS will be the first point of contact for researchers considering such applications.

Named PenCTU support on funding applications will require input into the project design/conception by PenCTU staff, full and appropriate costing of PCMD HSR and methodological resources supporting the delivery of the project, and peer review/sign off by one of the two PenCTU Directors.

2. Delivery

PenCTU seeks to provide the necessary range of methodological and trial management skills and resources to allow researchers to undertake and deliver high quality studies following external funding. The economic basis and future development of the PenCTU, is dependent on the explicit allocation of funding of staff that would be expected to lead or undertake specific roles in successfully undertaking and completing a research study. Normally such budgetary planning would be put into place in the design and funding application phase. However, it is recognised that researchers may also seek PenCTU support for delivery of their study without such downstream design involvement. PenCTU will consider such requests on the basis of the nature of study, availability of funding and PenCTU staff resource and time.

It is intended PenCTU support include:

- Data analysis – quantitative, economic and qualitative, e.g.
 - o Statistical analysis planning
 - o Statistical advice and analysis
 - o Contribution to report writing
- Randomisation/concealment – stratification/minimisation, web & phone based methods
- Trial management and quality assurance, e.g.
 - o Advice on IMP trials
 - o Advice on adverse event monitoring
 - o Access to and advise on about PenCTU endorsed SOP templates

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- Data capture and storage
 - o Data entry
 - o Data management advice
 - o Database set-up
- Administrative support
 - o Statistical and health economics input on TSGs, DMECs

Deliverables & Measurables

- An increase in the rate of success of external peer review funding applications from PCMD and the NHS across the Peninsula.
- The delivery of high quality studies across the Peninsula.
 - o Establishment of systems and processes for local monitoring and quality assurance checks of funded Peninsula studies.
- Development (in collaboration with SWCRLN, SW RDS) of a database for the prospective recording of key data (based on UKCRC requirements viz. time from approval to first patient recruited, time to completion of recruitment, proportions of studies completed on budget and on time) on all Peninsula study activity (funding applications and funded studies).
- Development of a system for the tracking the contribution and funding (core and FEC) of the PenCTU staff to the design and delivery of studies.
- Fulfilment of the objectives UKCRC strategy for CTUs and NIHR CTU infrastructure objectives.

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Risk analysis

| Risks | Solutions |
|---|---|
| Inability to meet the demands and expectations of Peninsula researchers for study design and delivery support. | <ul style="list-style-type: none"> ➤ Review of current PCMD staff job descriptions to reflect a level of PenCTU service support ➤ Continued recruitment of high quality methodological and trial support staff ➤ Carefully review of the number trials 'run through' the PenCTU |
| Submission of poor quality application bids to external peer review funding to the detriment of the reputation of PenCTU. | System of formal 'sign off' of PenCTU supported funding bids following peer review of protocol study. |
| Reluctance of study CIs to comply with PenCTU QA requirements | System of formal 'sign off' of PenCTU support that depends on commitment of CIs to adopt PenCTU QA approaches |
| Unit Sustainability | <ul style="list-style-type: none"> ➤ Development of a business plan that accommodates 80% payback of 80% NIHR Infrastructure Support at end of 3-year funding cycle ➤ Need for medium to long-term investment by PCMD, local Universities and NHS partners to support PenCTU infrastructure and recruitment of staff. |