Health Research Authority

The HRA has a number of agreed functions including:

‘A programme of work to shape effective national roles for the HRA, within our remit to provide a unified approval process and to promote consistent, proportionate standards for compliance and inspection’

This plan describes deliverables, areas of work for immediate consideration, and recommendations within this function and should be considered as an update to the business plans approved and published on the HRA web site.

Introduction

This update to the HRA business plan describes agreed activities and proposals for the HRA in providing a unified approval process and promoting proportionate standards for compliance and inspection. A multi-agency project team convened to identify issues and solutions, as summarised in the appendix to this report.

The HRA business plans that describe other agreed service improvements, including advice, guidance and training, greater collaboration between regulators of research, and the work of NRES to improve quality and consistency of ethical review, are available at. http://www.hra.nhs.uk/hra/hra-publications/ .

Scope

The Health Research Authority will provide a unified approval process to support the efficient set-up of health research. It will provide a coordinated route for obtaining, rather than making, individual approvals itself. The HRA will:

- provide a single route through IRAS for seeking all approvals and permissions;
- provide clear signposting through the process, with easy access to advice and support;
- embed principles and standards of review bodies to ensure tasks are worthwhile, relevant and proportionate;
- coordinate the activities of review bodies to remove unnecessary duplication;
- assign tasks to the relevant organization at the appropriate time and support the exchange of assurances across the system;
- maintain a UK-wide overall approach that recognises and incorporates individual requirements of the IRAS partners.

The HRA will support proportionate review, within a wider context of effective and efficient oversight. In promoting proportionate standards for compliance and inspection to protect and promote the interests of patients and the public in health research, the HRA will:

- identify shared issues, for example consent and confidentiality, and look to promote shared principles and consistent standards within those responsible for inspection and audit;
- promote coordination of activity with those responsible for inspection wherever possible and practicable;
- support a framework within which those subject to regulation are more easily able to demonstrate compliance to agreed standards.

The HRA engagement strategy includes patient and public involvement and established routes for user feedback. This strategy underpins all work of the HRA and elements here will need effective engagement with applicants, patients and the public, other review bodies, and those working within HRA.

Summary of project findings

- Current systems and processes within regulation and governance are not well understood by researchers and those working within NRES and NHS R&D; better understanding would lead to immediate benefit in gaining approvals in a timely manner.

- Currently the rationale for actions by regulators, and standards for review and inspection, are not always well understood. Those preparing for inspection could do so more effectively if they had a better understanding of standards and possible outcomes.

- The systems put in place for those responsible for approving research rely on assurances that are not currently being accepted. There is considerable duplication of activity. There should be no duplication of assessment or requests from those responsible for the governance or regulation of research.

- It is not sufficiently clear that tasks and actions currently undertaken by those responsible for approving research are worthwhile, proportionate and have a defined purpose. They should, and need to be, allocated to most the most appropriate organisation / person at the best time.

- Guidance is not always understood or considered. It should be clearer where requirements are statutory obligations, or where they are best practice, and should include how to demonstrate that standards are met.

- There are benefits available from system improvements; and there is more potential benefit from organisations working as a linked service within a HRA-defined framework.

- Priorities for the HRA must be considered from the respective benefits to the public, patients, NHS, academia, industry and the IRAS partners.

- Systems within the unified approval process should move from a ‘push’ to a ‘pull’, with those responsible for regulation and governance pulling studies through the process and pulling down information from provided sources.

- There is considerable duplication of information between study documents required to do research (e.g. protocol and participant information) and information required to answer questions in IRAS. There should be greater emphasis on the use of the documents for doing research , through the use of clear templates for the content of these documents.

- Currently poor quality applications, or poorly presented applications, add to the administrative burden and, within a system that facilitates applications submitted in parallel, create significant extra work in tracking amended versions across the IRAS partners. Improved advice, support and guidance should be provided to applicants to improve the overall quality of applications and ensure they move swiftly through the unified approval process. It is recognised that applicants need to have confidence in an efficient, consistent system so that they don’t feel the need to submit as early as possible to get through the system on schedule.

Deliverables

The HRA will:

Milestones Summer 2012

1) *Introduce a unique study identifier so studies are identifiable to all*

The current IRAS project identifier will be available and visible on registration of projects in IRAS. This will provide an additional reference number to complement those currently used to identify studies, including reference numbers from funders, sponsors, IRAS partners, trial registers and publishers. The HRA recognises that the IRAS identifier will not be able to replace all other identifiers, but the universal use of one identifier will address reported problems in identifying studies across the different systems and also support effective identification of funded and completed research.

2) *Modify the REC decision letter 'favourable with additional conditions', where this requires change to study documentation, to remind applicants of the importance of ensuring the final versions are reported to NRES and advising that where this does not happen before the final NHS R&D sign off that this may lead to delay to site approval.*

The current option of 'favourable with additional conditions' has not been widely adopted by RECs and, where it has, there were reported concerns that the option was not implemented correctly and different versions of important study documents were recorded as approved. Adding a warning to the current required acknowledgement of new versions of study documentation by REC staff will help ensure the latest versions are recorded as approved by RECs. Version control of approved documents will be addressed again as part of the single submission package later in 2012. The REC use of decision options is also part of the NRES improvement programme described in the HRA business plan.

3) *Remove IRAS Site-Specific Information from question 23 which asks for signed confirmation on local agreements, e.g. pharmacy, and replace with confirmation by the investigator that they have discussed the study with local R&D*

The current site-specific information from question 23 requires that local investigators obtain signatures from local services, for example pharmacy, before submitting the IRAS SSI application to local R&D. The HRA received information from applicants that this caused unreasonable delays and confusion in obtaining ink signatures locally. The concern reported from local R&D was that the important interaction was the early contact with R&D so they could advise and support the local investigator on putting the correct local arrangements in place. The question and requirement for local signatures will therefore be removed and replaced by a question seeking assurance from the local investigator that local R&D has been contacted, with advice that, where contact has not been made there is a significant risk that study set up would be held up at that site.

4) *Publish a joint MHRA and HRA statement on GCP training requirements, with greater emphasis on good research practice and removal of current interpretation of a biennial mandatory requirement, to ensure a more proportionate and consistent approach*

Current requirements for medicinal studies are being over interpreted and applied to other research, leading to inappropriate and unnecessary requests for GCP training. The statement will make clear the standards required to ensure a proportionate and robust approach as appropriate for the nature of the study, with a focus on good research practice.

5) *Implement additional NRES metrics to measure the full ethics approval timescale, including measuring when the clock is stopped while waiting for a response from the applicant*

NRES will continue to publish timeline data with the current clock stop for provisional opinion response, and will add the full timeline without the clock stop to enable a better assessment of the actual time for approval. The current reminder to respond to provisional opinion will be brought forward to one month (currently three). Studies where no response is received will be withdrawn at two months (currently four months), but the option to negotiate an extension to the response time will remain. The reduction of the time that a provisional opinion is in place will also help address the issues within parallel review of maintaining document control and reducing duplication of review.

Milestone Winter 2012

6) *Provide a comprehensive guide on the landscape for regulation, governance and inspection of research, including organisations involved and sources of advice*

The HRA will produce as part of the business plans for advice, guidance and support a guide on the current framework for regulation, governance and inspection of research.

7) *Replace the routine requirement for progress reporting with a simple annual assurance and reminder of requirements to inform changes, and strengthen review and assurance on the final report*

The responsibility for conduct of research lies with the sponsor, and they are required to submit amendments for approval if there are substantial changes to the study. The requirement for routine progress reports will be replaced with a simple annual assurance of study progress, to check that contact details and date of final report are still correct, and to request that any significant changes are reported to the appropriate bodies. The option to request a full progress report if there is good reason to will remain. A formal review of the final report will be introduced to ensure compliance to the assurances provided to the REC with respect to registration, publication and further access to data or tissue. The HRA will work to provide these changes to NRES procedures alongside equivalent changes within NHS R&D so that the reporting to NRES and NHS R&D is aligned within the unified approval process.

8) *Enable NRES to follow up on applicant-declared intentions to register and publish trials, with HRA monitoring of compliance, to identify researchers, funders and institutions that are not registering or publishing approved research*

Simple mechanisms to support the routine review of the final report, with alerts set up for outstanding issues. Failure to comply with declared intentions to publish, register or make study information or tissue available one year after the final report will be managed through HRA registers.

9) *Provide a single application package within IRAS for submission to NRES and R&D, with one set of declarations, and version control maintained within the application package*

This will provide a single submission through IRAS which is managed through IRAS as a single information package. This will remove duplication within declarations and ensure robust version control when elements of the single package are sent to the separate review bodies.

10) *Provide option of including information to the other IRAS partners within the single application package*

The inclusion of other partner applications within the single application package will be provided as an option alongside the NHS R&D and NRES application package, enabling one submission to be made and managed through IRAS where this is the preference whilst maintaining the separate submission routes where this is the applicant preference.

11) *Implement a universal study title alongside HRA unique identifier*

The HRA will provide guidance on good and effective study titles, and adopt this within IRAS. This will sit alongside the unique identifier to ensure those seeking later to review research through literary search or systematic review will be better able to identify studies. The HRA will provide this within the IRAS partnership and will work with others, including funders and publishers, to ensure wider adoption.

12) *Provide required modification to IRAS platform to support implementation of notifiable and non-notifiable amendments to NHS R&D*

The platform to implement revised procedures for notifiable and non-notifiable changes alongside substantial and non-substantial amendments will be delivered from IRAS.

Areas for immediate further consideration

The HRA is committed to a sustained programme of improvement, and the need for rapid improvement balanced against appropriate consideration of technical solutions, consultation and patient and public involvement to consider significant changes of policy or implementation. The following areas of work will be taken forward for immediate action, with implementation of solutions set during 2012 or 2013 once deliverables have been clearly defined.

Amendments

The HRA will coordinate and support a review of required reporting of changes to approved studies, to provide a framework alongside the existing substantial and non-substantial amendments of notifiable and non-notifiable changes to ensure a proportionate approach. The HRA will also conduct a comprehensive review of amendments, producing guidance to reduce volume.

Standards and compliance

The HRA recognises that it must work with others regulators and review bodies to ensure a common understanding and application of standards within regulation, governance and inspection, and has a role to describe and develop mechanisms to ensure adoption and visibility. The HRA will support the work of others in developing proportionate approaches and recognises an additional role to share learning across the relevant bodies and support understanding by researchers.

The HRA will develop decision trees to help researchers understand the standards that apply to the type of study they are planning to undertake.

The HRA will encourage the inclusion of information about compliance with standards and quality of delivery – e.g. publication of inspection reports – within the NIHR Research Support Services operational capability statements.

Where the HRA finds that inconsistent demands are placed on researchers, it will work to clarify standards and facilitate solution.

Study identifier and study title

The HRA will work with stakeholders to secure adoption of the HRA identifier and universal study title to complement or replace other identifiers and reference numbers as appropriate. This will include researchers, funders and publishers to help ensure studies are fully identifiable.

NRES and NHS R&D Collaboration

The HRA will put in place mechanisms to facilitate closer collaboration between R&D and NRES staff, including induction, training and communications. A workshop in September will identify areas for greater collaboration.

Information on IRAS

The HRA will consider options for a study dashboard to show status reports on all decisions within a unified approval process, with a review of mechanisms to provide an overall picture of approval timelines through the unified approval process.

Protocol guidance and scientific review

The HRA will develop protocol guidance and consider how applicant compliance with this guidance could enable ethics committees, and others, to seek required assurances from the protocol and participant information sheets as an alternative to asking specific questions in IRAS.

The HRA will also explore how closer working with funders and the use of information and standards from funding decisions, as part of the assessment for regulation and governance, could avoid duplication of the review of scientific quality and study design.

Recommendations

The HRA identified other areas of work that need further consideration, and may be included in HRA business plans for 2013-2014 or considered as priorities for other organisations.

To consider:

- the acceptability and benefit of initial assessment by HRA of all shared documentation within IRAS as part of a coordinated validation and early assessment process within the unified approval process;
- the option of a single 'legal review' within a HRA described framework to reduce the duplication of review of issues such as data protection, insurance and indemnity, within a unified approval process and to consider the role of NIHR CSP (Coordinated System for gaining NHS Permission) within a unified approval process;
- a further role for the HRA in ensuring regulators and review bodies work within the agreed framework for unified approval process and proportionate standards for compliance and inspection;
- options for a single portal for progress and annual reports, with responsibility on regulators to pull the information down as required from the portal;
- how to harmonise and simplify agreement of responsibilities between sponsors, researchers and host organisations;
- a series of metrics to describe timelines of research from funding to publication;
- options for an investigator profile based on previous track record; for example, numbers of studies submitted and numbers registered, publications and compliance with declared plans for future use of data and tissue;
- benefits of an optional national assurance of investigator, sponsor and host suitability, linked to IRAS registration within a context of defined standards for good research conduct.

The benefits and potential of the HRA proposals

The HRA role is to protect and promote the interests of patients and the public in health research, and the work described in these plans will provide tangible improvement to support this role. These will benefit the public and patients in enabling greater access to good quality research, and ensuring more resources are used to conduct research and less to meet the requirements of unnecessary regulation.

The HRA will deliver improvements that directly benefit patients and the public by ensuring studies are registered and published, so that research is relevant and new research informed by research already completed. The HRA will continue to work effectively with others, and has included in this business plan statements from stakeholders and partners to demonstrate the relevance and potential of the work identified.

Potential benefits: non-notifiable changes for R&D Trusts

Evidence from NCISH

NCISH is the National Confidential Inquiry into Suicide and Homicide, it is mandated to collect data from NHS Trusts across the United Kingdom and the Channel Islands and does so within a framework that falls within the Research Governance Framework and requires approval from NRES, the NIGB and local NHS R&D.

NCISH said *"the current situation with amendments is unworkable. An amendment to a questionnaire was approved by NRES and submitted to 94 Trusts for local approval. Trust approval led to delays in receiving data that are a mandatory return for Trusts under the Register of Central Returns and a part of the Department of Health Quality Accounts. We welcome any proposals that simplify the process of submitting amendments to Trusts, but we further believe that true improvement will only be seen if the requirement for local R&D to agree such NRES approved changes to on-going studies is removed so that unacceptable delays are avoided."*

Using the NRES to better protect patient and public interests

Andrew George, Chair of the National Research Ethics Advisor's Panel:

"The NRES is a core service for the HRA and the independent REC review the key component for ensuring we protect patient interests in health research. We need to make sure that all we do is relevant and of value and I welcome the HRA proposal to remove the routine requirement for progress reports to RECs as I do not think this materially improves the service we provide, although we must retain the option of requesting them if we have good reason to do so.

The REC will require assurance that research will be registered and published as part of the ethical approval. We have a role to promote and support good research in the NHS, through NRES and systems that are already in place we can put in place sensible mechanisms to check compliance against approved intentions by researchers and I welcome this as an additional role for the HRA."

'The UK leads the world in the proportion of cancer patients who take part in clinical trials, and Cancer Research UK is currently supporting over 200 studies. We therefore welcome the clear plans from the HRA to work with all stakeholders to improve the environment for research. By providing a unified approval process, and promoting consistency across the bodies involved in regulating research, we hope to speed up the process and deliver the benefits to patients faster. It will be essential to monitor the impact closely to ensure the planned efficiencies can be delivered.'

Professor Peter Johnson, Cancer Research UK Chief Clinician.

Standards for good research conduct

"*The UK Research Integrity Office has always recognised the importance of supporting good practice in health research: to retain the public's trust; to help ensure the well-being of patients and participants; to further enhance the UK's international reputation; and, not least, to secure the best return on public funds. Accordingly, we welcome this opportunity to contribute to the work of the HRA and fully support its aim of streamlining research governance and sustaining good research practice.*

As the only dedicated research integrity body in the UK, UKRIO has amassed unique expertise and data. We have always supported straightforward research guidance with a risk-based approach. UKRIO promotes the adoption of practices that are easy for everyone to understand and which focus on managing challenges to research integrity. We are keen to use our unmatched practical experience to inform this HRA initiative."

Changes to IRAS site question 23

"The NIHR Research Support Service Champions welcome the changes to the wording supporting Q23 of the IRAS SSI form as it encourages an early interaction with Trust R&D teams who will be able to identify potential issues early and thus facilitate a quicker and smoother local approvals process."

Universal study title

"The EQUATOR Network seeks to improve the reliability and value of medical research literature by promoting transparent and accurate reporting of research studies. It is essential that research study titles are carefully written to convey the important elements of the study to the reader. Titles, therefore, must be as accurate, complete and informative as possible.

The EQUATOR Network welcomes the HRA initiative to strengthen the quality and structure of research project titles. We very much look forward to working closely with the HRA to develop effective guidance for a universal format for study titles."

APPENDIX ONE

The project team members

Janet Wisely (Chair), Health Research Authority

Shaun Griffin, Human Tissue Authority

Sandra Holley, National Research Ethics Service

Janet Messer, National Institute for Health Research Clinical Research Network (NIHR CRN)

Rebecca Stanbrook, Medicines and Healthcare products Regulatory Agency

The project team also included Neil Patel from KM&T, on loan from NIHR CRN, who provided specialised and independent system review support. The project administrator was Gavin Grump, HRA.

NRES / R&D Interface Project

Mary Cubitt, NIHR CRN

Wendy Fisher, Independent Consultant

The project remit

Looking at health research conducted in the NHS, the project team carried out a process review of the entire research project journey, from initial idea, development, funding, approval, conduct, compliance, inspection, publication and translation. Going beyond the individual project, the review extended to consider an analysis of other projects involving the same researcher or sponsor.

The project timetable was agreed in early January 2012, and set to present proposals to the Department of Health at the end of April 2012. The scope was agreed to include proposals for quick wins, as early as June 2012 for those that could be interpreted in phase 1 of the unified approval process launch, later agreed improvements for delivery by end of 2012, as well as areas of work that it was recognised would take further review and consideration before implementation.

The approach

The project followed an adapted format from KM&T which focussed on gathering evidence in preparation for a three day structured workshop that would look to identify problems and focus on potential solutions. Potential solutions identified from the workshops were mapped out to identify the likely impact, the amount of investment that would be required for delivery (costs, resources, wider buy in) and the likely timescale for implementation. Suggestions were considered from the perspective of the Department of Health, HRA stakeholder organisations, researchers and sponsors, and patients and the public in recognition that different sectors may put different emphasis on the priorities identified.

The time to gather information was short. This was acknowledged and the initial report was seen as the starting point for a wider improvement programme on which there would be further consultation and engagement.

Information gathering

The project team recognised that there was already a considerable body of evidence and the intention was not to duplicate previous reviews. The focus for the project team was to gather detailed information to inform solutions. The project team posted a general call for information on the HRA and project team members websites, and communicated and discussed this at numerous events during the project. The project team identified key individuals and organisations who were interviewed during the project. A detailed sub-project was commissioned to look specifically at the NRES REC and R&D interface. The HRA is extremely grateful for all the considered and detailed replies that have been provided and submitted to the project team, these are captured in a project report to be completed in June 2012.

Conclusion

The proposals discussed above represent the consensus of issues to take forward for further implementation and development from the project team, those who provided evidence, those who contributed to the workshops and those who commented subsequently. There was a shared view of the issues that needed to be addressed and a clear shared vision of how research within the UK could be streamlined and improved for the benefit of patients and the public.

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