1. Introduction

The aim of this Standard Operating Procedure (SOP) is to define requirements for the format and content of study protocols/ Clinical Investigation Plans (CIP) for research sponsored by University Hospitals of Leicester NHS Trust (UHL).

A research protocol/ CIP is an extremely important document that essentially acts as the 'manual' for the whole research study. It is expected that a Protocol/ CIP be produced for each individual research study, and forms the basis of every application to regulatory authorities. A comprehensively written Protocol/ CIP will enable a smooth and less arduous approvals process.

2. Scope

This SOP applies to all undertaking research sponsored by UHL.

3. Procedure

A research Protocol/ CIP must detail clearly all aspects of the study design and methodology. It must detail procedures associated with the entire study and be compliant with all relevant regulatory, ethical and legal requirements. These requirements will vary depending on the nature of the research activity and must be discussed in detail during the development of a research Protocol/ CIP. It is recommended that the HRA Protocol/ CIP Templates are utilised as appropriate for your study. You may of course use your own template but we recommend that you check it against the HRA examples to ensure it captures all the relevant elements

Clinical trials of Medical Devices should follow the standard HRA Protocol/ CIP templates, and also consider the guidance set out in ISO 14155:2011(Clinical investigation of medical devices for human subjects -- Good clinical practice).

Guidance on the completion of Protocol/ CIP template sections can be found within each template document.

4. Research Study Protocol / CIP Management

4.1 It is expected that the Chief Investigator of the study be a principle author of the Protocol/ CIP.

4.2 Authors developing a study Protocol/ CIP must collect adequate background information from all available sources (pre-clinical data, published information, information from potential collaborators, etc) to enable appropriate design and methodology to be defined.

4.3 It is expected that relevant experts will be consulted during the development of the Protocol/CIP. Pharmacy must be consulted for Clinical Trials of Investigational Medicinal Products. Medical Physics must be consulted for the development of CIP.

4.4 Appropriate statistical advice must be sought at an early stage, and consideration must be given to the data processing aspects of the proposed study and the format of the Trial Clinical Study Report.

4.5 Regular communication with the UHL Sponsor Team is essential during the development of a Protocol/ CIP in order to facilitate smooth progression

through the regulatory framework, and faster Sponsor authorisation.

4.6 During development, a Protocol/ CIP must be clearly marked as 'draft' and must be version numbered, dated and appropriately filed. These early iterations must be maintained in a 'pre-approval' file with comments and revisions clearly documented. It is expected that this file be maintained along with all other study documentation.

4.7 Once the Protocol/ CIP has been finalised, the final document should be clearly marked "Final Protocol/ CIP" and appropriately dated. Each page of the document should be marked in the header or footer with the Protocol/ CIP number, date of the document and numbered page x of y. All Appendices must be similarly dated and paginated.

4.8 Following production of the Final Protocol/ CIP, approval signatures must be collected and dated, from:

- The Authors
- The Chief Investigator
- A representative of the Sponsor
- The Principal Investigator (if different from the CI) at each participating site

4.9 The original signed copy of the Final Protocol/ CIP should not be removed from the Study File. Working copies can be printed as required. Additional copies should be prepared for retention by individual Investigator(s) and other collaborators (e.g. Pharmacy, R&I). A copy of the Final Protocol/ CIP should be stored electronically and adequately backed up.

5.0 Once the final Protocol/ CIP has been approved, it is the responsibility of the CI/PI to ensure that all individual study team members have received training in the Protocol/ CIP. This must be evidenced in the Trial Master File / Investigator Site File using a Protocol/ CIP Training Log (the agreed training log must contain all data points outlined in the UHL Protocol/ CIP Training Log template, Appendix 2 to SOP S-1008 UHL)

5. Protocol / CIP Amendments

Once the final Protocol/ CIP has been approved it must not be informally altered. It must be made clear to all collaborators that they must not change the Protocol/ CIP without prior discussion with the Chief Investigator and the approval of the Sponsor.

Once agreed by the Chief Investigator, Collaborators and Sponsor, Protocol/ CIP amendments may be submitted for formal approval in accordance with the SOP S-1017 UHL Sponsor Green Light Process for Amendments.

6. Responsibilities

	Responsibility	Undertaken by	Activity
1	Chief Investigator	Chief Investigator	Ensure Protocol/ CIP uses or includes all necessary sections as detailed in relevant Protocol/ CIP template
2	Chief Investigator	Chief Investigator	Maintain the original and subsequent Protocol/ CIP versions in the Trial Master File with appropriate evidence of approval / favourable opinion and supporting documentation.

	Responsibility	Undertaken by	Activity
3	Chief Investigator /UHL as Sponsor	Chief Investigator /UHL as Sponsor	Ensure that Final Protocol/ CIP is signed by appropriate individuals prior to submission, and at each site
4	Chief Investigator /UHL as Sponsor	Chief Investigator /UHL as Sponsor	Ensure that any amendments / revisions to the Final Protocol/ CIP are managed in accordance with SOP S-1017 UHL.

7. Monitoring and Audit Criteria

Key Performance Indicator	Method of Assessment	Frequency	Lead
All research sponsored by UHL has appropriate contracts in place.	Included in the monitoring / audit programme.	Random audits / monitoring conducted on a risk based assessment relative to research activity.	Head of Research Operations or their delegate

8. Legal Liability Statement

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional it is fully appropriate and justifiable – such a decision to be fully recorded in the patient's notes and in the research site file.

9. Supporting Documents and Key References

SOP S-1021 Appendix 3

SOP S-1008

SOP S-1017

10. Key Words

Research, Innovation, Volunteers, Participants, CTIMPS, Trials, ICH GCP, TMF, Protocols, Clinical Investigation Plans, CIP

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

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Author / Lead Officer:	Carolyn Maloney	**Job Title:** Head of Research Operations
Reviewed by:	R&I Governance Meeting	
Approved by:	Professor Nigel Brunskill	**Date Approved:** 16/2/21

REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
April 2015	2	Carolyn Maloney	Change of Logo and office name
September 2016	4	CM, LW, JJ	Change of Protocol template requirements. Consistency checks
February 2017	5	Carolyn Maloney	Update to Logo
March, September 2018	6	CM, LW, JJ, CCL, JJ	Amendment to protocol template requirements. Changes to signatories and authors requirements. Clarification to training log requirements Update to R&I logo Inclusion of reference to Clinical Investigation Plan
February 2021	7	JJ LW AM	Review and updated, Reformatted to new template

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