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RESEARCH AUDIT
Cardiff Joint Research Office Standard Operating Procedure

Introduction and Aim

Audit is an important quality assurance activity. The ICH E6 (R3) Guideline for Good Clinical Practice defines audit as: ‘’A systematic and independent examination of trial-related activities and records performed by the sponsor, service provider (including contract research organisation (CRO) or institution to determine whether the evaluated trial-related activities were conducted and the data were recorded, analysed and accurately reported according to the protocol, applicable standard operating procedures (SOPs), Good Clinical Practice (GCP) and the applicable regulatory requirement(s)’’.

As sponsor organisations, it is necessary to audit research for which CAVUHB or CU is the sponsor against the standards of the UK Policy Framework for Health and Social Care, the Medicines for Human Use (Clinical Trials) Regulations 2004 (and subsequent amendments) where applicable, and against the quality systems of Good Clinical Practice intrinsic to the Regulations. It is also necessary to audit research for which CAVUHB is the host organisation to provide quality assurance for the organisation.

This SOP is to assist researchers in understanding the audit process, so they are prepared should their trial be selected for site audit by Joint Research Office (JRO) staff or external auditors.

Objectives

- To assist researchers in understanding and applying the audit process for sponsored and hosted research studies, ensuring audits are conducted systematically and consistently, meet regulatory requirements and provide quality assurance for the JRO.
- To describe the site audit procedures of the JRO staff acting on behalf of CAVUHB and CU.
- To describe the processes for selecting CAVUHB or CU studies for audit, the procedures for carrying out audits; and reporting audit results to Investigators.
- To describe the requirements for Investigators to respond to audit reports and implementing corrective actions.
- To outline the procedure to be followed for audits undertaken by external auditors

Scope

This procedure applies to research study audits led by the Joint Research Office (JRO) of CAVUHB or CU Sponsored studies or CAVUHB hosted studies. It applies to CAVUHB or CU research staff conducting clinical research in all NHS or CU locations including those with honorary contracts.

This procedure applies to JRO study auditing activity and JRO oversight of study audits conducted at CAVUHB as a host site. Study monitoring is a separate category of oversight activity and is covered by the JRO SOP for Oversight and Monitoring (UHB 247 SOP-010-01).

Equality Health Impact Assessment	An equality impact assessment has been carried out on the Research Governance Policy under which this Procedure falls. No adverse impact has been identified.
Documents to read alongside this Procedure	Research Governance Policy (POL-016-01 UHB 099) Managing Breaches of GCP or the Study Protocol (SOP-009-02 UHB 235) Oversight and Monitoring (SOP-010-01 UHB 247) Investigating and Handling Allegations of Research Misconduct (SOP-016-01 UHB145) The Cardiff University Code of Practice for Research Integrity and Governance The Cardiff University Academic Research Misconduct Policy and Procedure
Approved by	Joint Research Governance Group

Accountable Executive or Clinical Board Director	Medical Director
Author(s)	JRO Research Governance Team

Disclaimer

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1.0	08/04/2014	23/06/2014	New document

2.0	17/10/2017	30/11/2017	Transferred into current UHB SOP template, addition of objectives and scope sections. Glossary updated Appendix 2, Template audit report updated. Reference documents updated
3.0	21/10/2020	15/12/2020	Minor updates to reference documentation. Replacement of Research Governance Framework by UK Policy Framework for Health and Social Care. Applying for Cardiff and Vale NHS University Health Board Sponsorship Guideline - GR-RG-008 superseded by Applying for Cardiff and Vale UHB Sponsorship SR-RG-018 UHB 453
4.0	02/11/2023	28/11/2023	References to RGG changed to JRGG. Minor updates to glossary. Updated routine audit selection section. Updated to reflect the audit report is to be shared with the relevant Research Delivery Manager/Team Lead.
5.0	22/10/2026	10/11/2026	Updated to make a joint SOP with Cardiff University Minor updates in terminology to reflect updates to GCP and the Clinical Trials Regulations New section 2.7 added to cover the procedure for audits conducted by external Sponsors

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GLOSSARY

ABBREVIATIONS AND DEFINITIONS

CAPA	Corrective and Preventative Action
CAVUHB	Cardiff and Vale University Health Board
CI	Chief Investigator
CTIMP	Clinical Trial of Investigational Medicinal Product
CT-GG	Clinical Trials Governance Group
CU	Cardiff University
GCP	Good Clinical Practice
ICH	International Conference for Harmonisation
ISF	Investigator Site File
IMP	Investigational Medicinal Product
JRGG	Joint Research Governance Group
JRO	Joint Research Office
MHRA	Medicines and Healthcare Products Regulatory Agency
PI	Principal Investigator
QMG	Quality Management Group
R&D	Research & Development
ReDA	Research Database Application
RIGE	Research Integrity, Governance and Ethics
SOP	Standard Operating Procedure
TMF	Trial Master File
URIEC	University Research Integrity and Ethics Committee

1. PURPOSE

This SOP describes the research audit procedures of the JRO staff acting on behalf of CAVUHB and CU.

It describes the processes for selecting those studies for audit, the procedures for carrying out audits and the reporting of audit results to Investigators. It also describes the requirements for Investigators to respond to audit reports and the implementation of corrective and preventative actions.

The SOP primarily covers the procedures to be followed for

- CAVUHB and CU sponsored CTIMPS
- CAVUHB and CU sponsored non-CTIMPS (including interventional studies such as surgical trials or trials involving devices).
- Externally sponsored studies hosted at CAVUHB.

  It also describes the procedure to be followed by CAVUHB staff when notified of a hosted research audit, to be conducted by external auditors.

The purpose of research audit within the scope of this SOP is to verify that systems are in place to ensure:

- The rights and well-being of participants are protected

- The reported study data is accurate, complete, and verifiable from source records.

- The conduct of the study is in compliance with the approved study protocol/modifications, with UK Policy Framework for Health and Social Care Research, the applicable Regulatory requirements and CU/CAVUHB policies and SOPs.

2. PROCEDURE

2.1 JRO Audit plan.

It is neither practical nor necessary to audit every study on an annual basis, and a risk-based approach to compiling the JRO audit plan will be taken. A representative sub-set of CAVUHB and CU sponsored studies and CAVUHB hosted research will be audited on an annual basis as documented in the annual audit plan(s).

The annual audit plan(s) for CAVUHB and CU will be presented at the Joint Research Governance Group (JRGG). Internal audits will be scheduled to include studies across all risk categories (as informed by the individual study risk assessment). Studies to be audited are selected by the appropriate JRO Research Governance Manager (or equivalent Research Governance team staff member) of each organisation in accordance with their annual audit plan.

2.2 Audit Preparation

Audits will be conducted by individuals independent of the study team, with appropriate knowledge of clinical trial legislation.

The auditor will draft an audit plan using a template (see Appendix 1) and develop audit tools according to the aim of the audit. The audit activities to be undertaken will be proportionate to the risks associated with the study.
The auditors should try to determine if access to any electronic systems is required (for example RedCAP, Florence, Welsh Clinical Portal) and work with the study team to arrange appropriate access in advance for the purpose of the audit.

The audit plan will:

- Define scope and objectives for audit
- Provide timelines for audit conduct
- Identify where and when the audit will take place
- Identify requirements to be audited against
- Identify areas to be audited
- List documents and records to be reviewed.
- If there is an eTMF/eISF, ensure there is adequate and appropriate access to the system if required
- List responsibilities i.e. list who is responsible for each stage of the audit process.

The study documentation contained within the R&D/CU study files and the ReDA database will be reviewed ahead of the audit. If any issues are highlighted from this review, these should be discussed with the research team at the audit meeting.

Audit Notification

The auditor should contact the CI/PI (as applicable) to arrange a convenient appointment and ensure they are aware of the documents which will be required at the audit (e.g. medical records, TMF/ISF and completed case report forms).

Generally, four weeks' notice will be given to allow time for preparation. If the audit is "for cause" the CI/PI will be sent an email notification the audit will take place and be informed of a date by the research governance team.

The current study delegation log and enrolment log will be requested from research team for review prior to audit if not available on the Florence system.

2.3 Audit Activities

2.3.1 Opening meeting

The auditor will need to meet the appropriate members of the research team by way of an opening meeting to inform them of the remit of the audit and to ask any relevant questions to address the audit aim.

2.3.2 Audit Checklist Completion

The auditor should review the study documentation and complete the audit checklist, according to the audit remit as outlined in the audit plan. The review should consist of (but not exclusive to):

- review of the Trial Master/ Investigator Site File
- adherence to study specific and CU/CAVUHB SOPs
- review of consent process
- adherence to protocol e.g. inclusion/exclusion criteria
- research team – delegation log, training records, honorary contracts
- event reporting (adverse events, serious breaches of protocol or GCP)
- recruitment progress
- review of any reports from previous JRO or externally conducted audits or monitoring visits, to verify that all outstanding actions and recommendations have been addressed.

2.3.3 Audit Feedback

Once the audit is complete, the auditor will provide verbal feedback to the study team present. A follow up meeting will be arranged post audit with the CI/PI

once a draft audit report has been shared to discuss findings and for them to have the opportunity to provide any important contextual information.

Any potential serious breaches in GCP or the study protocol identified during audit should be reported to the Sponsor as described in Managing Breaches of GCP or the Study Protocol SOP (UHB 235)

If, during an audit, a Serious Adverse Event is identified with no evidence that the Sponsor has been informed, the Sponsor will be notified within 24 hours so the event can be investigated and reported as necessary.

2.4 Reporting

2.4.1 Categories of Findings

All findings identified during the audit will be documented and categorised as follows:-

- CRITICAL - where non-compliance with GCP standards is affecting the integrity of the clinical trial or patient safety and immediate corrective action is required.
- MAJOR - Where non-compliance with GCP standards has the potential to affect the clinical trial or patient safety if not corrected in a timely fashion
- OTHER- minor non-compliances with no significant impact on the outcome of the trial or patient safety.

2.4.2 The Audit Report

Following the audit, the auditor(s) will prepare a draft audit report which will be forwarded to the CI/PI for review to allow for consideration of any important contextual information prior to finalising**.**

For CAVUHB studies, the audit report will be shared with the R&D Manager (or delegate) and for CU sponsored research with the Head of Research Integrity, Governance and Ethics (RIGE). The categorisation of findings identified during the audit will then be agreed with the relevant individual.

The auditor will aim to send the audit report to the CI/PI and clinical trial pharmacist (if applicable) within two weeks of the audit. The report should be reviewed and agreed by the investigator. If, however, a critical non-compliance is identified, the auditor will forward initial findings within 48 hours to the R&D Manager/ CU Head of Research Integrity, Governance and Ethics and the JRO Director for review and agreement of the proposed corrective and preventative actions. This is to ensure the CAPA to address the critical non-compliance can be implemented as soon as possible.

It is the CI/PI's responsibility to ensure action is taken to correct any identified gaps in compliance. If any advice or assistance is required, the auditor will be able to help with this. The CI/PI and clinical trial pharmacist (if applicable) is expected to respond to the audit report within 1 month and corrective actions made within an agreed time frame. The auditor should ensure that the agreed actions have been completed. When all actions have been completed the auditor will inform all parties in writing that the audit is complete.

A copy of the final audit report should be filed electronically in the CU/R&D study folder. The audit report be shared with the relevant Directorate R&D Lead and the relevant Research Delivery Manager/Team Lead.

2.5 Follow up/Escalation

Where there are one or more critical findings or multiple major findings, a meeting will be arranged with the research team to ensure appropriate corrective and preventative actions are implemented.

The auditor should follow up with the CI/PI and clinical trial pharmacist (if applicable) to ensure the actions have been completed in the agreed timescales. A follow up visit will be scheduled, if appropriate, to ensure corrective actions have been taken.

Evidence of continued non-compliance, or failure to address the audit findings in the agreed timelines, will be escalated to the JRO Director. Failure to complete CAPAs within the agreed timescales will be escalated through the Joint Research Governance Group and may be considered as possible research misconduct. If the non-compliance is deemed to be research misconduct, then such cases will be managed using the Investigating and Handling Allegations of Research Misconduct Procedure (UHB 145) or the Cardiff University Academic Research Misconduct Policy and Procedure in the case of CU staff and students.

A summary of key audit findings will be presented at QMG and JRGG and may also be presented to the CU College of Biomedical and Life Sciences (BLS) Board and/or URIEC if deemed necessary by the CU Head of RIGE. Audit findings arising from audits of CU or CAVUHB Sponsored CTIMPs or Medical Device Trials will also be presented and discussed at the joint Clinical Trials Governance Group (CT-GG).

2.6 For-cause audit

Where there are concerns in relation to the conduct of a study, a for-cause audit may be required as part of an investigation to better understand the root of the concern(s).

Incidents, serious breaches of GCP, internal/external audits or inspections may also prompt for-cause audits of other studies within the investigator's portfolio of research. Findings from the for-cause audit may help to establish the extent of the concern.

The process outlined in sections 2.2 Audit Preparation, 2.3 Audit Activities, 2.4. Reporting and 2.5 Follow up/Escalation as above should be followed.

2.7 Audits conducted by external Sponsors, Clinical Trial Units (CTUs) or Clinical Research Organisations (CROs)

CAVUHB may be notified of an audit to be conducted by external Sponsors (for both non-commercial and commercial organisations), CTUs or CROs. The PI should notify the CAVUHB research governance team as soon as they are made aware of any upcoming audit.

Medical record access will need to be arranged for the auditor. The PI or delegate should alert the medical records department and complete any access requirements; establish whether any electronic or remote access is required for auditors to have access to EHRs. Liaison with the CAVUHB IT departments will normally be necessary to facilitate read-only access to electronic systems and audit trails, ahead of the audit.

The CAV Research Governance Team (under the leadership of the R&D Manager) should liaise with the relevant Sponsor Trial Manager and CI/PI to:

- notify all staff working on the trial and applicable support departments at CAVUHB that the trial has been selected for an external audit
- request that they keep the audit dates free, as they may be interviewed as part of the audit (remote interviews may be arranged if there is an unavoidable schedule conflict);
- verify that site PI(s) have reviewed their Investigator Site Files (ISFs) to ensure this is up to date
- request that all staff working on the trial have up to date GCP training and a brief CV is in place which are available within the ISF;
- ensure that all staff working on the trial are familiar with key SOPs and trial processes and the CI/PI should refresh any training where necessary.
- Staff working on the trial should be encouraged to raise any questions or highlight any gaps in their knowledge with CAVUHB RGT as early as possible;

External sponsors, CTUs and CROs will be requested to supply copies of audit reports to the JRO for oversight when available. A summary of key

findings will be presented at QMG and JRGG and may also be presented to the CU College of Biomedical and Life Sciences (BLS) Board and/or CU URIEC if deemed necessary by the CU Head of RIGE.

3. TRAINING

Education and support should be available from the JRO for researchers who are involved in conducting clinical research studies. JRO staff should receive relevant training (internal and external as necessary) for them to become competent auditors.

4. IMPLEMENTATION

The Clinical Board R&D Leads should facilitate implementation by ensuring that all relevant research active personnel within their Boards are aware of the Procedure and the implications for their practice.

5. EQUALITY

An equality impact assessment has been carried out on the Research Governance Policy, under which this Procedure falls. No adverse impact has been identified.

6. REVIEW

The Procedure should be reviewed every 3 years, or more regularly if important new legislation so requires.

7. REFERENCES

UK Policy Framework for Health and Social Care Research

UK Clinical Trials (Medicines for Human Use) Regulations 2004 (and subsequent amendments)

ICH GCP Guideline E6 (R3)

8. RELATED SOPs and DOCUMENTS

- Managing Breaches of GCP or the Study Protocol SOP (UHB 235)

- Investigating and Handling Allegations of Research Misconduct SOP (UHB 145)
- Oversight and Monitoring SOP (SOP-010-01 UHB 247)
- Cardiff University Academic Research Misconduct Policy and Procedure- Academic research misconduct - Public information - Cardiff University
- Consent audit checklist FRM-009-01
- RG audit checklist FRM-009-02
- FPFV audit checklist TMP-010-01

9. APPENDICES

Appendix 1- Example Audit Plan

Objectives
The objective of this audit is to ensure compliance with <if IMP study> Medicines for Human Use (Clinical Trials) 2004, incorporating subsequent amendments
<if non-IMP study> UK Policy Framework for Health and Social Care Research. For all studies, we will be looking for adherence to Good Clinical Practice as outlined in the ICH GCP Guideline E6 (R3). The final audit report will document findings against these guidelines.

Project Title
R&D Ref No:
CI/PI
Type of study
Clinical trial IMP
Audit site
Date of audit

Essential documents to be available during the audit include:-

- Protocol and modifications
- Consent forms and Participant Information Sheets
- HRA/HCRW approval and correspondence
- Ethics approvals and correspondence
- C&C and correspondence
- Regulatory approvals and correspondence (e.g. MHRA, GTAC etc)
- General Study Correspondence.
- Delegation log and training records
- SOPs
- Serious Adverse Events reports
- Pharmacy/Product-Related (IMP study only)
- Monitoring and Audit documentation
- Source data

Audit Timeline

On the day, the auditor(s) will introduce themselves and explain the planned procedure for the day. It would be useful if a separate room could be organised for the auditors to review the documents. The patient notes as requested by the auditor must be made available for source data verification.

Once the audit is complete, the auditor(s) will briefly go through the findings with the study personnel, and PI if present. A formal report will be provided within two weeks of the audit.

The CI/PI and clinical trial pharmacist (if applicable) is expected to respond to the audit report within 1 month and corrective actions made within an agreed time frame. The auditor should ensure that the agreed actions have been completed. When all actions have been completed the auditor will inform all parties in writing that the audit is complete.