University of Hertfordshire UH

# University of Hertfordshire

# VENDOR ASSESSMENT

## Clinical Trials Support Network (CTSN)

Standard Operating Procedure for
Selection and Oversight of External Vendors for University of Hertfordshire sponsored/co-sponsored Clinical Trials

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| **SOP Number:** gSOP-32-01 | **Effective Date:** 26th April 2018 |
| **Version Number:** v1.0 | **Review Date:** 3 years (or as required) |

### 1.0 BACKGROUND

This is a University of Hertfordshire standard operating procedure. University of Hertfordshire (UH) acknowledges West Hertfordshire Hospitals NHS Trust (WHHT) Research & Development (R&D) which has allowed UH to use the SOPs developed by WHHT where possible, modified for local implementation.

This document sets out the procedures to be followed by all UH staff who are involved in the preparation and/or review of research study contracts or Clinical Trial Agreements (CTAs).

It provides guidance on the processes to ensure compliance with UH's policies.

The Sponsor may delegate a significant proportion of the functions (e.g. project management and monitoring) or may only delegate discrete activities (e.g. laboratory analysis, data management and statistics). Regardless of the duties delegated to external vendors/ third parties, the Sponsor retains ultimate responsibility for the clinical trial and must maintain sufficient oversight of all external vendors to ensure compliance with the legislation and GCP.

Although the Sponsor retains ultimate responsibility for all functions, all vendors must show due diligence when performing any functions that have been delegated. All persons involved in the conduct of a clinical trial have a legal responsibility to comply with GCP, the protocol and the terms of the MHRA authorisation and favourable REC opinion.

### 2.0 PURPOSE

- To select, approve and maintain oversight of external vendors and contractors of functions related to the trial conduct, trial management, trial coordination (i.e. project management, monitoring, laboratory analysis, statistics, data management); of trial related services (i.e. data storage, data archiving; archiving; sample shipments); and of trial related products (i.e electronics; consumables; printing; medical photography; medical devices; temperature monitors)

- To ensure consistency and quality of functions, services or products
- To ensure the best value for money

## 3.0 APPLICABLE TO

Any UH employee involved with Clinical Trials sponsored/co-sponsored by UH including, but not limited to, Unit Heads, Chief Investigators (CI), Principal Investigators (PI), Consultants, Co-investigators, Research Fellows, Clinical Trial Pharmacists, Research Managers, Statisticians, Research Nurses, Allied Health Professionals, Trial Coordinators, the Clinical Trial Support Network Management Group (CTSNMG) & Data Managers.

## 4.0 RESPONSIBILITIES

The Sponsor shall provide oversight of the selection of external vendors used for UH sponsored clinical trials. It is the responsibility of the Sponsor, in collaboration with the CI of the study to determine the level of risk associated with the tasks being delegated as well as the method to be used in order to assess the suitability of the vendor. Once a vendor has been selected to perform the delegated function(s) from the Sponsor, the rationale for selection and the final decision should be clearly documented.

1. Where there is co-sponsorship the Advisory Group on Research Governance for Clinical Trials (AGRGCS) shall assess the suitability of the co-sponsor and the division of responsibility (see sections 5.1 and 5.2).

2. Where there are delegated Sponsor responsibilities the CTSN shall approve the feasibility and funding arrangements for the delegated roles.

### 4.1 The Chief Investigator (CI)

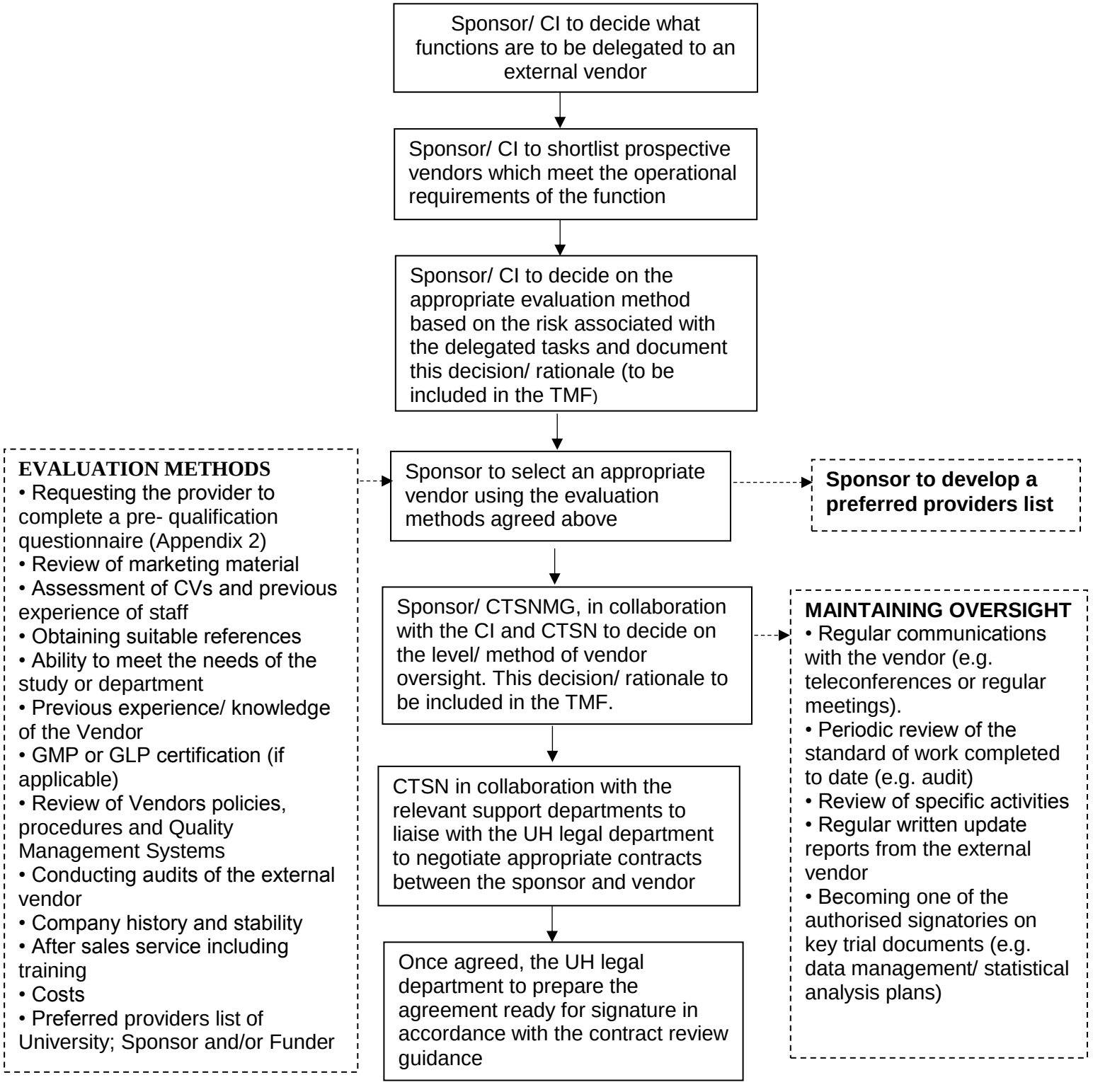
The CI is responsible for identifying what trial functions may need to be delegated to an external vendor and for determining the level of risk associated with the tasks being delegated.

### 4.2 The CTSN

The CTSN will work with the CI/UH legal department providing advice and support on the selection and oversight of external vendors and assist with the production of an appropriate contract between the Sponsor and the Vendor prior to commencement of the work. In addition it is the responsibility of the CSTN to liaise with the UH legal department to maintain sufficient oversight of contracts by reviewing any contracts following protocol amendments, updates to relevant legislation or changes to the quality system.

## 5.0 PROCEDURE

The process of vendor oversight begins with the selection of a suitable vendor. As such, all vendor suitability should be assessed by the CI/CTSN and reported to the CTSNMG prior to the signing of contracts. The selection process (including the method used), rationale for the selection and level of oversight must be clearly documented and maintained in the Trial Master File (TMF).


Sponsor/ CI to decide what functions are to be delegated to an external vendor
Sponsor/ CI to shortlist prospective vendors which meet the operational requirements of the function
Sponsor/ CI to decide on the appropriate evaluation method based on the risk associated with the delegated tasks and document this decision/ rationale (to be included in the TMF)
EVALUATION METHODS
• Requesting the provider to complete a pre- qualification questionnaire (Appendix 2)
• Review of marketing material
• Assessment of CVs and previous experience of staff
• Obtaining suitable references
• Ability to meet the needs of the study or department
• Previous experience/ knowledge of the Vendor
• GMP or GLP certification (if applicable)
• Review of Vendors policies, procedures and Quality Management Systems
• Conducting audits of the external vendor
• Company history and stability
• After sales service including training
• Costs
• Preferred providers list of University; Sponsor and/or Funder
Sponsor to select an appropriate vendor using the evaluation methods agreed above
Sponsor to develop a preferred providers list
Sponsor/ CTSNMG, in collaboration with the CI and CTSN to decide on the level/ method of vendor oversight. This decision/ rationale to be included in the TMF.
MAINTAINING OVERSIGHT
• Regular communications with the vendor (e.g. teleconferences or regular meetings).
• Periodic review of the standard of work completed to date (e.g. audit)
• Review of specific activities
• Regular written update reports from the external vendor
• Becoming one of the authorised signatories on key trial documents (e.g. data management/ statistical analysis plans)
CTSN in collaboration with the relevant support departments to liaise with the UH legal department to negotiate appropriate contracts between the sponsor and vendor
Once agreed, the UH legal department to prepare the agreement ready for signature in accordance with the contract review guidance

## 5.1 Identification of a Suitable External Vendor

A shortlist of prospective vendors, which meet the operational requirements of UH, can be identified using the following criteria:

- Previous experience with the Vendor
- Approved University and/or NHS suppliers
- Recommendations from other users or registered Clinical Trials Units
- Recommendations by funding body

## 5.2 Evaluation and Selection of External Vendors

Where UH are delegating a significant proportion of functions or a discrete activity to an external vendor, the following methods can be used to assess the suitability of shortlisted vendors.

- Requesting the provider to complete a pre-qualification questionnaire (Appendix 2)
- Review of marketing material
- Assessment of CVs and previous experience of staff
- Obtaining suitable references
- Ability to meet the needs of the study or department
- Previous experience/ knowledge of the Vendor
- GMP or GLP certification (if applicable)
- Review of Vendor's policies, procedures and Quality Management Systems (QMS)
- Conducting audits of the external vendor
- Capability to deliver within the specified time frame
- Company history and stability
- After sales service including training
- Costs
- Preferred providers list of University/Trust; Sponsor and/or Funder

The method used for assessing the suitability of a vendor will vary depending on the risk associated with the tasks being delegated and previous experience/ knowledge of the vendor. Where a vigorous selection process has not been performed, this can result in non-compliance with the legislation and Good Clinical Practice (GCP) (see Appendix 3).

It is the responsibility of the Sponsor/CTSNMG, in collaboration with the CI of the study to determine the level of risk associated with the tasks being delegated as well as the method to be used in order to assess the suitability of the vendor. The process of Sponsor oversight of Vendor selection/ contracts must be clearly documented in the TMF.

In instances where the Sponsor has previous experience/ knowledge of an external vendor or where an external vendor has already been pre-qualified, a preferred providers list may be developed.

## 5.3 Oversight of External Vendors

Once the vendor has been selected, the Sponsor in collaboration with the CI and CTSN will need to consider how oversight of the external vendor's activities are maintained to ensure compliance with the terms of the contract, the study protocol, GCP and the applicable regulations.

This can take the form of:

- Regular communications with the Vendor (e.g. teleconferences or regular meetings). A formal communication plan can be developed to define the level and frequency of communication between parties.
- Periodic review of the standard of work completed to date (e.g. audit) including frequency of review
- Review of specific activities
- Regular written update reports from the external vendor
- Becoming one of the authorised signatories on key trial documents (e.g. data management/Statistical Analysis Plans (SAPs))
- Developing an Escalation Plan for reporting significant non compliance issues. This should also be reflected in the contract between the Sponsor and external vendor.
- Developing a procedure for the flow of information and appropriate key trial documents (e.g. Investigator's Brochure (IB) updates, safety updates, copies of the protocol, written procedures). As above, this responsibility should be clearly detailed in the contract between the Sponsor and external vendor.

If the Sponsor decides that the level of oversight will take the form of regular written update reports, it will be the responsibility of the CTSN to obtain and review all reports from external vendors associated with clinical trials. Should significant concerns be raised, the CTSNMG are responsible for reviewing and recommending any appropriate corrective and preventative measures.

Regardless of the oversight methods used, a vendor oversight programme should be clearly defined prior to the commencement of clinical trial activities and filed in the TMF.

## 5.4 Contracts with External Vendors

After the selection of an external Vendor, appropriate contracts between the Sponsor and the Vendor must be negotiated by the UH Legal department in collaboration with the CTSN and relevant support department prior to commencement of the work.

All contracts should clearly define the following information:

- The delegated tasks
- The duties/functions agreed between parties
- The required standards of service (i.e. which applicable laws, guidance and procedures to be adhered to)
- Clear instructions that the contract should not take precedence over the protocol
- The process for further sub-contracting by the Vendor to ensure that sub-contracting does not occur without the Sponsor's prior knowledge or approval

- The flow of relevant safety information and how this will be provided (e.g. from Investigational Medicinal Product (IMP) suppliers to the Sponsor)

- Procedure for informing the Sponsor of any protocol non compliances/serious breaches.

- Procedure for informing the Sponsor of any routine statutory inspections.

Once a contract is executed, processes should ensure that the contracts remain current and that the requirements of the contract are being met by all parties (Reference section 5.3: oversight of external Vendors). It is the responsibility of the CTSN to maintain sufficient oversight of all contracts between external vendors associated with clinical trials. In addition the CTSN are responsible for reviewing such contracts following protocol amendments, updates to relevant legislation or changes to the quality system to ensure the contract remains current.

**5.5 Procurement of Products required for clinical trials**

For UH sponsored/co-sponsored studies, university procurement procedures must be followed.

**5.6 Procurement of IMP**

For UH sponsored/co-sponsored CTIMPs the procurement of IMP must be managed in liaison with the NHS Clinical Trials Pharmacist.

IMP is managed only in accordance NHS Pharmacy policies and procedures.

## 6.0 RELATED DOCUMENTS

- CTSNMG terms of reference
- gSOP-06-TMF
- UH procurement procedure

## 7.0 APPENDICES

- Appendix 1 - Definitions
- Appendix 2 - Example pre-qualification questionnaire
- Appendix 3 - Examples of inadequate assessment of the vendor's suitability by a Sponsor

## 8.0 VERSION HISTORY

| Revision Chronology: | | |
|---|---|---|
| **Version Number** | **Effective Date** | **Reason for Change** |
| | | |
| | | |
| | | |

## 9.0 AUTHORSHIP & APPROVAL

### Author

**Signature** **Date**

### Pro-Vice Chancellor (Research & Enterprise) Approval

**Signature** **Date**

## 10.0 AGREEMENT

Please detach and retain in your training files

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**I have read and understood the contents and requirements of this SOP (gSOP-32-01) and accept to follow by UH policies in implementing it.**

**Recipient**

Signature: ……..…..……..…….……Date:.....…….……..

Name & Position: ……..……..

## Appendix 1: Definitions

**Chief Investigator (CI)**
A Registered Physician, Dentist, Pharmacist or Registered Nurse who has overall responsibility for the conduct of the trial.

**Clinical Trial**
A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or control) to evaluate the effects of those interventions on health outcomes.

**Clinical Trial Authorisation (CTA)**
Regulatory approval issued by a Competent Authority to conduct a clinical trial within a Member State.

**Clinical Trial of Investigational Medicinal Product (CTIMP)**
A study that looks at the safety or efficacy of a medicine/food stuff/placebo in humans as defined by the Medicines for Human Use Regulations (2004).

**Good Clinical Practice (GCP)**
As defined in the Regulations.

**Investigational Medicinal Products (IMP)**
A pharmaceutical form of an active substance or placebo being tested, or used as a reference in a clinical trial. This includes a medicinal product which has a marketing authorisation but is, for the purposes of the trial -

- used or assembled (formulated or packaged) in a way different from the form of the product authorised under the authorisation,
- used for an indication not included in the summary of product characteristics under the authorisation for that product, or
- used to gain further information about the form of that product as authorised under the authorisation

**Monitoring**
A quality control (QC) activity which involves a system of ongoing real time checks to detect discrepancies and faults in order to correct them, and prevent the failure from recurring so that the specified output is produced consistently, in this context compliance with the UK Regulations, Sponsor SOPs, approved protocol and GCP.

**Principal Investigator (PI)**
A Registered Physician, Dentist, Pharmacist or Registered Nurse who has responsibility for the conduct of the trial at a host site.

**The Regulations**
Medicines for Human Use (Clinical Trial) Regulations 2004 transposed the EU Clinical Trials Directive into UK legislation, as Statutory Instrument 2004 no 1031. This became effective on the 1st May 2004. An amendment to implement Directive 2005/28/EC was made to the Regulations as Statutory Instrument 2006 no 1928.

**Trial Master File**

The Trial Master File (TMF) will be held at the principal site by the sponsor, Chief Investigator or at the co-ordinating Centre. The TMF should contain all essential documents defined as documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. A Trial Master File should be set up at the beginning of a trial and maintained up-to-date throughout the trial until trial conclusion.

For trials currently running, it is recommended that Section 8 of the ICH-GCP Guideline is followed as guidance in order to meet statutory requirements. However, some of the documents listed may not be available or applicable in many non-commercial trials. The appropriate documentation will vary according to the trial and sponsor requirements.

## Appendix 2: Example pre-qualification questionnaire

Vendor Assessment

The following to be reviewed

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|---|---|
| Review of marketing material | |
| Review of details of product | |
| Review of vendor policies, procedures and Quality Management Systems | |
| Ability to meet needs of project or department | |
| Experience and qualifications of staff | |
| Company history and stability including financial viability | |
| CE marking (if applicable) | |
| Capacity to deliver within the required time frames | |
| After sales service including training | |
| Cost | |
| Is vendor on preferred provider list | |
| Summary of any recent inspectors or auditors | |
| Awareness of all relevant study specific documents | |
| Understanding of sponsor requirements regarding computer systems (if applicable) | |
| CRB cleared if working with patient related data (if applicable) | |
| Provide CVs if applicable | |

**Appendix 3: Examples of inadequate assessment of the vendor's suitability by a Sponsor**

| | Description |
|---|---|
| 1 | The Investigational Medicinal Product is manufactured by an external Contract Manufacturing Organisation (CMO) however neither the CI or CTSN/R&D office has assessed the Vendor's suitability. The CMO has been selected based on informal recommendation only. As a result, the IMP is not labelled according to the Clinical Trial Authorisation nor is it Annex 13 compliant. |
| 2 | The Sponsor is unaware that the investigator has organised an external laboratory to analyse samples and neither party assesses whether the laboratory could perform this activity in compliance with GCP. As a result, samples are analysed using a non-validated method and the results are unreliable and cannot be used. This is a primary end-point of the study. |
| 3 | A Sponsor conducts an audit of a CMO and identifies that is has a number of issues related to randomisation activities; however the Sponsor fails to follow-up on these issues before contracting the CMO. As a result, the CMO assembles subject kits in such a way that the randomisation allocation of the kits is incorrect. |