Future of Clinical Research

The Risk-Based Approach

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Significance

1. Patients
2. The public
3. Clinical scientists
4. Life sciences industry
Environment

1. Experimental (translational) medicine

2. Clinical trials

3. Epidemiology
Regulatory Arrangements

1. Clinical trials authorization
2. Ethics approval(s)
3. NHS governance approvals
Academy of Medical Sciences
Regulatory Review

Problems:
1. Clinical Trials Directive
2. Specialist Ethical Approval
3. NHS Research Governance

Disproportionate Regulation
Clinical trials authorisation

EU Clinical Trials Regulation:
- first in man studies
- clinical trials of new active substances
- clinical trials for new indications
- any PD or PK studies with established products
- any clinical study with an established product for an established indication

Ethics approval(s)

GMP certification

Conformity with GCP

Monitoring by GCP inspectors

Indemnity arrangements
Clinical Trials Regulation

Clinical Trials Directive:

- Lack of clarity;
- Inconsistent implementation.
- Disproportionate (not risk based).
- ‘One size fits all’ approach to assessment and monitoring.
Clinical trials authorisation

Short-term:
- Proportionate (risk-based)
- Consistent
- Need to rebuild professional confidence

Long-term:
- Fundamental revision of the EUCTD
Ethical Approval

Generic ethics approval:
- National Research Ethics Service

Specialist ethics approval:
- Human Tissue Authority
- Ethics and Confidentiality Committee
- Caldicott Guardians
- Human Fertility and Embryology Authority
- Gene Therapy Advisory Committee
- Administration of Radioactive Substances Advisory Committee
- Appointing Authority for Phase 1 studies
- Ministry of Justice National Offender Management Service
- Ministry of Justice Research Quality Assurance
- Ministry of Defence Research Ethics Committee
- Social Care Ethics Review Committee
Ethical review and approval

1. Single ethics review

2. Building on success of the National Research Ethics Service
Global checks:
- favourable opinion letter from (NRES).
- sponsor authorisation on R&D form.
- funding award letter
- Clinical Trial Authorisation (if required).
- notice of “No Objection” for a medical devices study.
- approval from the National Information Governance Board
- consent form and a Patient Information Sheet confirms participants have been told about the uses of their data.
- IRAS R&D form and / or protocol has been reviewed.
- Human Tissue Act (HTA) licences are in place where appropriate.
- information in the protocol is consistent with information within the R&D form.
- there is evidence that the Chief Investigator has sufficient skills, experience and capacity to deliver the Study.
- there are key requirements in place for specific studies.
- indemnity insurance is in place where required.

Local checks:
- availability of local investigators
- availability of relevant patients
- pharmacy capability
NHS R&D permission

Major bottleneck in the UK system:

• Delays and lack of timelines.
• Duplication of checks.
• Inconsistent advice and interpretation
• Variation in performance and process.
1. Global (study-wide) checks
   Done once!

2. Local checks
   20 days
A complex pathway

Need to simplify:

• Multiple layers of review and bureaucracy.
• Overlapping responsibilities.
• Opportunities to reduce timelines, costs and inefficiencies.
• Lack of proportionality
Progress to Date

1. Clinical trials authorisation:
   - Action by the MHRA
   - Draft Regulation published by the EC

2. Establishment of the HRA
   - Merging most (not yet all) specialist ethics bodies
   - Piloting “single sign off” for NHS approvals
Conclusions

1. European regulatory authorities are unreasonably risk averse
2. Draft CT Regulation a substantial improvement on CT Directive but still lacks clarity
3. MHRA has made appropriate changes to the regulatory culture in the UK
4. Reducing the complexities of ethical and regulatory approvals are still work in progress