BEING AUDIT READY
TIPS FROM REG!

May 2017

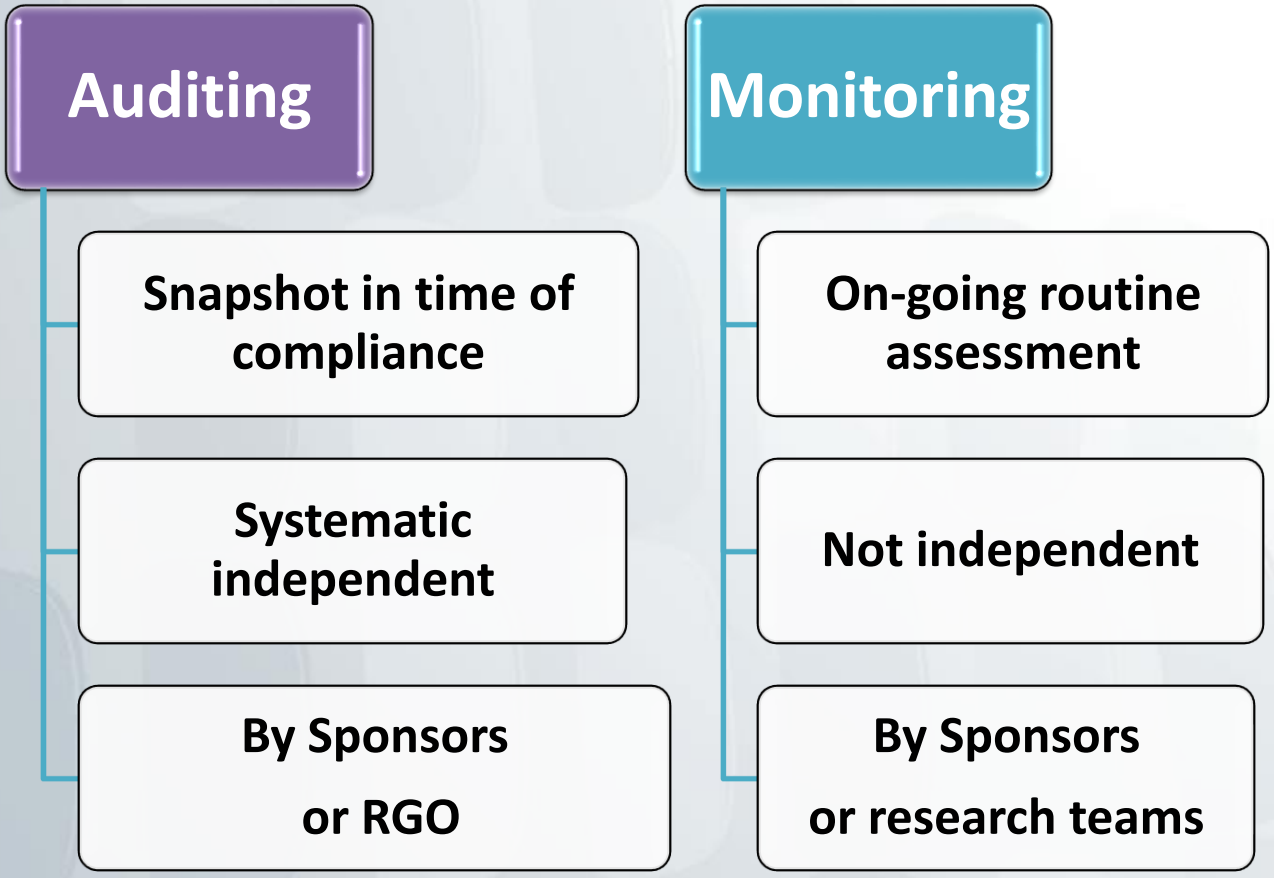
What is a research audit?

A **systematic and independent** examination of research related activities, and documents, to determine whether the following were conducted according to the protocol, GCP and applicable regulatory requirements:

- Research study related activities
- Study documentation and data management

Ref: ICH-GCP- Section 1.6

Auditing vs Monitoring



***Inspection:**
Audits conducted by Regulatory Agencies (TGA, FDA, EMA)

Why do we audit research projects?

- A **requirement of the National Statement (2007)** and **Good Clinical Practice (GCP) Guidelines**
- To **ensure research quality and manage risk** by
  - ensuring research is conducted in line with **legislative, ethical and organisational requirements**
  - allowing an opportunity for the **early detection and correction of non-conformances**, thereby preventing breaches and/or other significant events from occurring.
  - ensuring **data integrity** is not compromised
- To raise researchers' **awareness and promote their accountability**

We aim to protect study participants, the research team and the institution

Why do you need to comply?

- Organisational requirement
- Researcher responsibilities: *Australian Code of Conduct of Responsible Research*
- Promote quality and validity of study data
- Obtain reliable, auditable and acceptable results
- Enhance research team accountability and scientific reputation
- Ensure safety and efficacy (for drug/device trials)

How do we select projects for audit?

Routine	For Cause
• Risk-based • Random selection • HREC (or REG Director request)	• Based on suspicions of non-compliance, or • Complaints or serious incidents
• Study-oriented audit	• Investigator-oriented Audit
• Review compliance, with conditions of ethics approval, and ongoing documentation management	• Verify the complaint, or reassure no problems exist

When to expect an audit visit?

- any time during the conduct of the research project

Follow-up Audits:

- may occur depending on the initial audit outcomes

What does the RCH audit process involve?

Pre-Audit

- Initial email notification sent (4 weeks prior)
- Confirmation of audit date/time/location with PI
- Detailed e-mail with preparation requirements (study documentation, database access, space, etc.)

Audit Day

- 2-4 hours
- Opening interview with PI and other team members, as applicable
- Documentation and facilities audit
- Closing interview

Post-audit

- Draft written report sent to PI detailing findings and recommendations
- PI has 2-4 weeks to respond and make any required changes
- Finalised report presented to PI, HREC and REG Director

What we check

- Study Administration & Management
- Study Conduct & Ethics compliance
- Study Documentation
- Study Participants and Informed Consents
- Data Management and Storage

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Murdoch Childrens Research Institute

The University of Melbourne

Our References

Legislation and Guidelines

- NHMRC National Statement for Ethical Conduct in Human Research
- Good Clinical Practice (GCP) (with TGA annotations)
- Australian Code for the Responsible Conduct of Research
- Human Tissue Act (Vic) (1982)
- NHMRC Guidelines Approved under Section 95A of the Privacy Act 1988
- Victorian Health Privacy Principles (extracted from Health Records Act 2001)

Campus Policies & Procedures

- RCH Investigator's Responsibilities in Research
- RCH Informed Consent in Research
- RCH Research: Tissue – collection use & storage for research
- Managing Essential Documents for Clinical Research Procedure

These documents can be viewed on the 'Researcher resources' page of the REG website

Main Findings over the past 2 years

Study Administration & Management	• Inadequate PI oversight • No evidence of research team communications • Absence or incomplete delegation/training logs • No evidence of maintained funding
Study Conduct	• Violations from approved protocol • Modifications in the processes or documents not approved by HREC • Failure of safety reporting to HREC • Changing in study investigators not reported to HREC • Absence of follow-up with HREC request of interim results • Non compliance with monitoring plans listed in protocol (e.g. DSMB not established…)

Main Findings (continued)

Study Documentation	• Study binder missing essential documents • HREC approval letters and correspondence not retained • Superseded versions not filed
Study Participants and Informed consents	• Non compliance with eligibility criteria • Missing or incomplete consent forms • No enrollment /screening logs
Data/Sample Management & Storage	• Errors/omissions in data collection forms • Absence of governance procedure that address sample collection, storage, retention periods, use and disposal

Levels of findings

Critical

Significantly affect participants safety, rights

or data validity

For example;

- deficiency in safety monitoring
- unreported SAEs
- undetected protocol violation

Major

Significant shortcomings in the project/procedures

For example;

- repeated inconsistencies
- isolated cases of non-compliances with protocol, SOPs and/or guidelines

Minor

Isolated non-conformance

Random/non serious

For example;

- non-compliance with CRF processing
- Inaccurate filing

Be Audit Ready from Day 1

Study Management

- PI has total oversight and access to all study documents and databases
- Use the CRDO study binder/file template to store essential documents (electronic or hard copies)
- Training & Delegation logs complete and updated
- Keep record of team meetings, study funding and agreements

Ethics & Governance

- Diarise ethics reporting dates
- Maintain all correspondence and approval certificates
- Submit any changes to the protocol, documents, or agreements

Be Audit Ready From Day 1

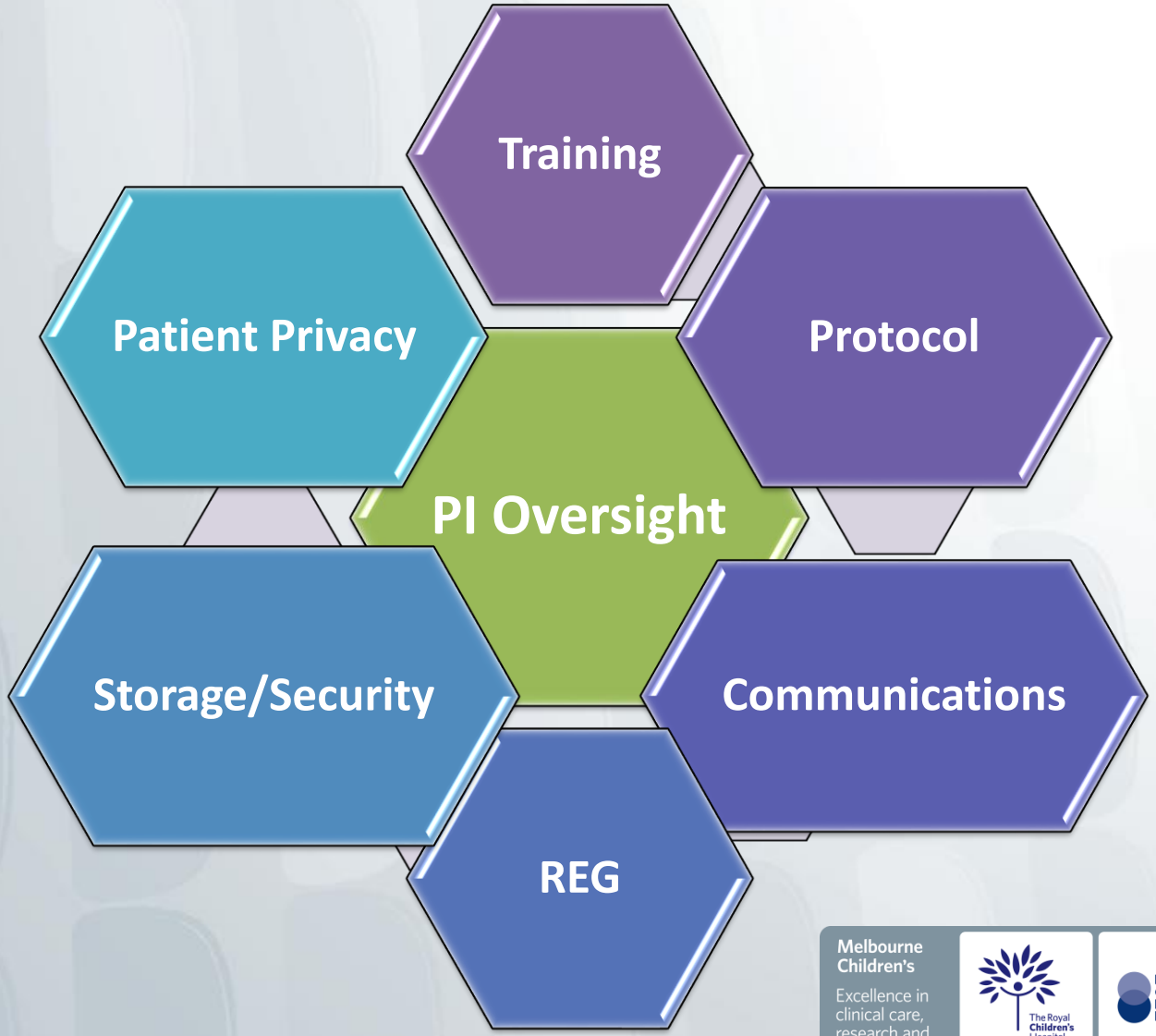
Participant Information & Consent Forms

- Obtain signed consent forms for all enrolled participants
- Keep record of information sheet version provided to each participant
- Restrict access to the current approved documents
- Document any corrections/omissions using file notes

Data Integrity and Privacy

- Hard copies stored securely in locked cabinets
- All computer stored files are password protected and regularly backed-up
- Ensure trackable software for database use
- The code-key of identified data is stored separately at all times with access controlled
- Document any corrections/omissions using file notes

Always think of



More Hints and Tips

- **"If it's not documented, it didn't happen"**
- **Mistakes, omissions and corrections are expected - Document to ensure transparency and accountability.**
- **Self-Monitoring: Perform regular documentation/compliance checks**
- **Undertake regular protocol training as a team – ensure any new staff are trained.**
- **Attend CRDO workshops and check their resources**
- **Check REG website for news, trainings, updates and resources**

Document, document, document…..

If Unsure, ask for guidance

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Always Remember:
The 12 Golden Rules of Good Clinical Practice

1. Obtain ethical approval & governance authorisation
2. Know & follow your protocol
3. Select, train & log study personnel
4. Ensure participant consent is fully informed
5. Ensure quality data
6. Ensure study equipment is appropriate
7. Document drug/device accountability (for clinical trials)
8. Ensure quality of lab evaluations (where applicable)
9. Timely safety assessment & reporting (where applicable)
10. Predict and monitor recruitment
11. Maintain comprehensive files & archives
12. Keep everyone fully informed

From "The 12 Golden Rules of Good Clinical Practice" by David Hutchison

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We are here to help

REG Team	CRDO Team
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Resources - Research http://www.rch.org.au/ethics/researcher-resources/	Resources - Research https://www.mcri.edu.au/research/training-and-resources/clinical-research-development-office-crdo/resources-quantitative