VENDOR ASSESSMENT

Research & Development

Standard Operating Procedure for Selection and Oversight of External Vendors West Hertfordshire Hospitals NHS Trust sponsored Clinical Trials

SOP Number : SOP-32-06	**Effective Date:** October 2021
Version Number: v06	**Review Date:** 2 - 3 years

1.0 BACKGROUND

This document sets out the procedures to be followed by all West Hertfordshire Hospitals Trust (WHHT) 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 the Trust's policies.

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 Trust employee involved with Clinical Trials sponsored by WHHT 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 Research & Development Steering Group (RDSG) & Data Managers.

4.0 RESPONSIBILITIES

The Sponsor/Research & Development Steering Group (RDSG) shall provide oversight of the selection of external vendors used for WHHT 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 RDSG 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 R&D Department shall approve the feasibility and funding arrangements for the delegated roles.

4.1 The Chief Investigator (CI)

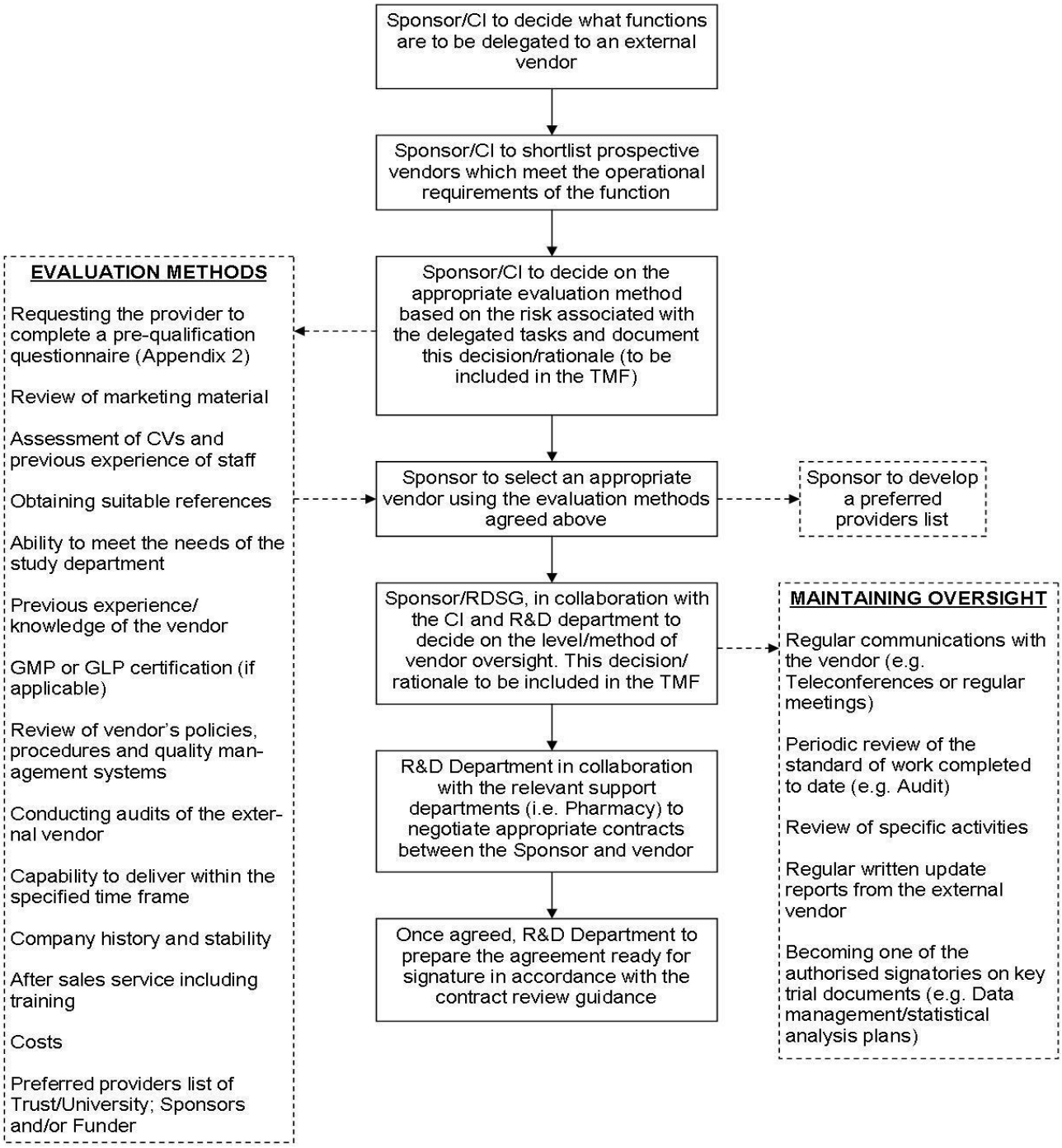
The CI is responsible for identifying what trial functions may need to be delegated to an external vendor and for determining the level of risk associated with the tasks being delegated.

4.2 The R&D Department

The R&D Department is responsible for providing advice and support on the selection and oversight of external vendors and ensures appropriate contracts between the Sponsor and the Vendor is in place prior to commencement of the work. In addition it is the responsibility of the R&D 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 R&D Department and reported to the RDSG 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).



5.1 Identification of a Suitable External Vendor

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

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

5.2 Evaluation and Selection of External Vendors

Where WHHT 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 Trust/ University; 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/ RDSG, 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/RDSG, in collaboration with the CI and R&D Department 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 R&D Department to obtain and review all reports from external vendors. Should significant concerns be raised, the RDSG 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 (see SOP-06).

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 R&D department in collaboration with the relevant support department (i.e. Pharmacy) 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 R&D Department to maintain sufficient oversight of all contracts between external vendors. In addition the R&D Department 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 Product

For Trust sponsored studies where the research grant is held by the Trust, procurement of product should follow the Trust procurement procedures.

5.6 Procurement of IMP

For Trust sponsored CTIMPs the procurement of IMP must be managed in liaison with the Clinical Trials Pharmacist.

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

6.0 RELATED DOCUMENTS

- RDSG terms of reference
- SOP-06-TMF
- Trust 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**
SOP-32-06	**October 2021**	1. Change from general Standard Operating Procedures (gSOP) to SOP 2. Removal of the '10.0 Agreement' from the template - all agreement signatures will be collated on a new 'SOP Signature Sheet Document' 3. Other minor changes and clarifications of terms following review
gSOP-32-05	**October 2017**	Minor amendments following review
gSOP-32-04	**01/10/2015**	Minor amendments following review
gSOP-32-03		Minor amendments following review
gSOP-32-02	**22/05/2014**	Minor amendments following review
gSOP-32-01		SOP written for implementation at ENHT/WHHT.

9.0 AUTHORSHIP & APPROVAL

Author

Signature  **Date** 28/10/2021

R & D Steering Group Approval

Signature  **Date** 28/10/2021

Appendix 1: Definitions

Chief Investigator (CI)
The investigator with overall responsibility for the research. In a multi-site study, the CI has co-ordinating responsibility for research at all sites. All applications for ethical review should be submitted by the CI. For Trust sponsored trials, the CI had been delegated the pharmacovigilance responsibility for identification, recording and reporting of safety events, including submission of Development Safety Update Reports (DSURs) to the MHRA and REC.

Clinical Trial
A clinical study in which participants are assigned to receive one or more interventions (or no intervention) so that researchers can evaluate the effects of the interventions on biomedical or health-related outcomes. The assignments are determined by the study protocol. Participants may receive diagnostic, therapeutic, or other types of interventions. A Study Type.

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 clinical trial that is within the scope of the UK Medicines for Human Use (Clinical Trials) Regulations 2004. An investigation in human subjects, other than a non-interventional trial, intended: a) to discover or verify the clinical, pharmacological and/or other pharmacodynamic effects of one or more medicinal products, b) to identify any adverse reactions, or c) to study absorption, distribution, metabolism and excretion, with the object of ascertaining the safety and/or efficacy of those products.

Good Clinical Practice (GCP)
Good Clinical Practice is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects.

Investigational Medicinal Products (IMP)
A pharmaceutical form of an active substance or placebo being tested, or to be tested, or used, or to be used, as a reference in a Clinical Trial, and includes a medicinal product which has a marketing authorisation but is, for the purposes of the trial - a) used or assembled (formulated or packaged) in a way different from the form of the product authorised under the authorisation, b) used for an indication not included in the summary of product characteristics under the authorisation for that product, or c) used to gain further information about the form of that product as authorised under the authorisation.

Monitoring
The act of overseeing the progress of a clinical trial, and of ensuring that it is conducted and recorded in accordance with the protocol, Standard Operating Guidelines (SOP's), Good Clinical Practice (GCP) and the applicable regulatory requirement(s).

Principal Investigator (PI)
The investigator responsible for the research site. There should be one PI for each research site. In the case of a single-site study, the chief investigator and the PI will normally be the same person.

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 contains all essential documents held by the sponsor/Chief Investigator which individually and collectively permits the evaluation of the conduct of a trial and the quality of the data produced.

Appendix 2: Example pre-qualification questionnaire

Vendor Assessment

The following to be reviewed

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 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 R&D office 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.