

Standard Operating Procedure CCTU/SOP018

Handling of Non-Compliance in Clinical Trials

1. Scope

For use by research personnel within the Trust (either as substantive employees or under an honorary contract) involved with, or working on Cambridge Sponsored Clinical Trials of Investigational Medicinal Products.

2. Purpose

To document procedures that will ensure appropriate action is taken to identify and handle cases of non-compliance with the trial protocol, standard operating procedures or regulatory requirements to ensure:

- The protection of trial participants
- The maintenance of trial integrity
- Compliance with legal requirements
- Compliance with applicable regulatory guidance
- To determine the nature and extent of the non-compliance, and to ensure that appropriate documentation, assessment and reporting procedures are followed
- This includes the discovery of a course of action or event, which may constitute a:
 - Non-reportable minor non-compliance (Type 1),
 - Reportable Major non-compliance (Type 2) or
 - Potential serious breach (Type 3) from the approved protocol or regulatory requirements

3. Definitions and Abbreviations

The headings below contain the definitions of terms and meaning of abbreviations used within the document.

3.1. Definitions

Term	Definition
Cambridge Sponsored	Sponsored by Cambridge University Hospitals NHS Foundation Trust (CUH); or the University of Cambridge (UoC); or jointly by CUH and UoC or Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) or CPFT with the University of Cambridge
Waiver	Waivers are sometimes known as protocol exemptions or authorisations Prospective deviations or waivers to the protocol, are not acceptable as they constitute a deliberate breach of Regulation 29 The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025, UKSI 2025/538

Non-Reportable Minor Non-Compliance (Type 1)	Departure from the precise wording of the protocol, SOP or regulatory requirements that has been identified retrospectively and has minimal impact on the integrity of the trial.
Reportable Major Non-Compliance (Type 2)	Departure from the protocol, SOP or regulatory requirements that has been identified retrospectively and, is not likely to affect to a significant degree: <ul style="list-style-type: none"> - The safety, or physical or mental integrity of the trial subject - The scientific value of the trial - Including repeated/ systematic instances of non-reportable non-Compliances (Type 1)
Reportable potential Serious Breach (Type 3)	Departure from the protocol, SOP or regulatory requirements which is likely to effect to a significant degree: <ul style="list-style-type: none"> - The safety, or physical or mental integrity of the trial subject - The scientific value of the trial - Evidence of systematic Type 2 non-compliances across the trial or across an individual site

3.2. Abbreviations

Abbreviation	Meaning
CAPA	Corrective and Preventative Actions
CCTU	Cambridge Clinical Trials Unit
CI	Chief Investigator
CTC	Clinical Trial Coordinator
ISF	Investigator Site File
MHRA	Medicine and Healthcare Products Regulatory Agency
NC	Non-Compliance
PI	Principal Investigator
QA	Quality Assurance
SOC	Standard of Care
SOP	Standard Operating Procedure
TMF	Trial Master File

4. Undertaken by

The CI and/or PI and their delegates who have a responsibility to comply with this SOP. The CCTU Regulatory Team is responsible for the Sponsor review and classification of Type 2 & 3 Non-compliance reports.

5. Items Required

- CCTU/FRM013 Non-Compliance Report Form (includes Impact Assessment)
- CCTU/FRM042 Non-Compliance Log
- CCTU/SOP019 Urgent Safety Measures

6. Summary of Significant Changes

Changes throughout in response to the Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025, UKSI 2025/538

7. Method

The following sections provide a description of the processes to be followed when implementing this document's procedures.

7.1. Restrictions

- There are no exemptions to compliance with eligibility criteria listed in the current approved protocol
- All eligibility criteria non-compliances are reportable (Type 2 & 3)
- All site derived non-compliances (Type 1, 2 & 3) must be recorded on the site non-compliance log CCTU/FRM042
- All centrally derived Type 1 non-compliances must be recorded on the central Non-Compliance Log CCTU/FRM042
- All Type 2 and 3 non-compliances from all sites and central teams must be recorded on the central Non-Compliance Log CCTU/FRM042

7.2. Once a Non-Compliance is suspected/discovered

- If a non-compliance is suspected/discovered further information must be obtained concerning the nature and extent of the event
- Using the trial specific non-compliance categorisation table in the trial protocol, monitoring plan or trial procedures manual, the non-compliance will be classified as reportable or non-reportable (see 3.1 Definitions)
- Data Managers should be familiar with the trial specific non-compliance categorisation table to help identify NCs at an early stage (e.g. multiple missed visits) and report to the CTC/discuss at the TMG

7.2.1. Non-reportable minor non-compliances (Type 1)

- Where a non-compliance is considered a minor non-reportable event, it should be entered into the site Non-Compliance Log (CCTU/FRM042)
- Where a non-compliance is discovered centrally by the coordination/data management team, the site team concerned must be informed in order to prevent future occurrences and for inclusion on the local non-compliance log. Centrally derived Type 1 NCs will be added to the central Non-Compliance Log
- Type 1 non-compliances will be reviewed by the CTC as part of remote monitoring activities via review of the local site Non-Compliance Log

7.2.2. Reportable major non-compliances (Type 2) and potential serious breaches (Type 3)

7.2.2.1. Central Team responsibilities

Where a non-compliance is deemed reportable, the site will populate a Non-Compliance Report Form (CCTU/FRM013) and send to the CTC. The local site Non-Compliance Log (CCTU/FRM042) must be updated with the relevant details in a timely manner.

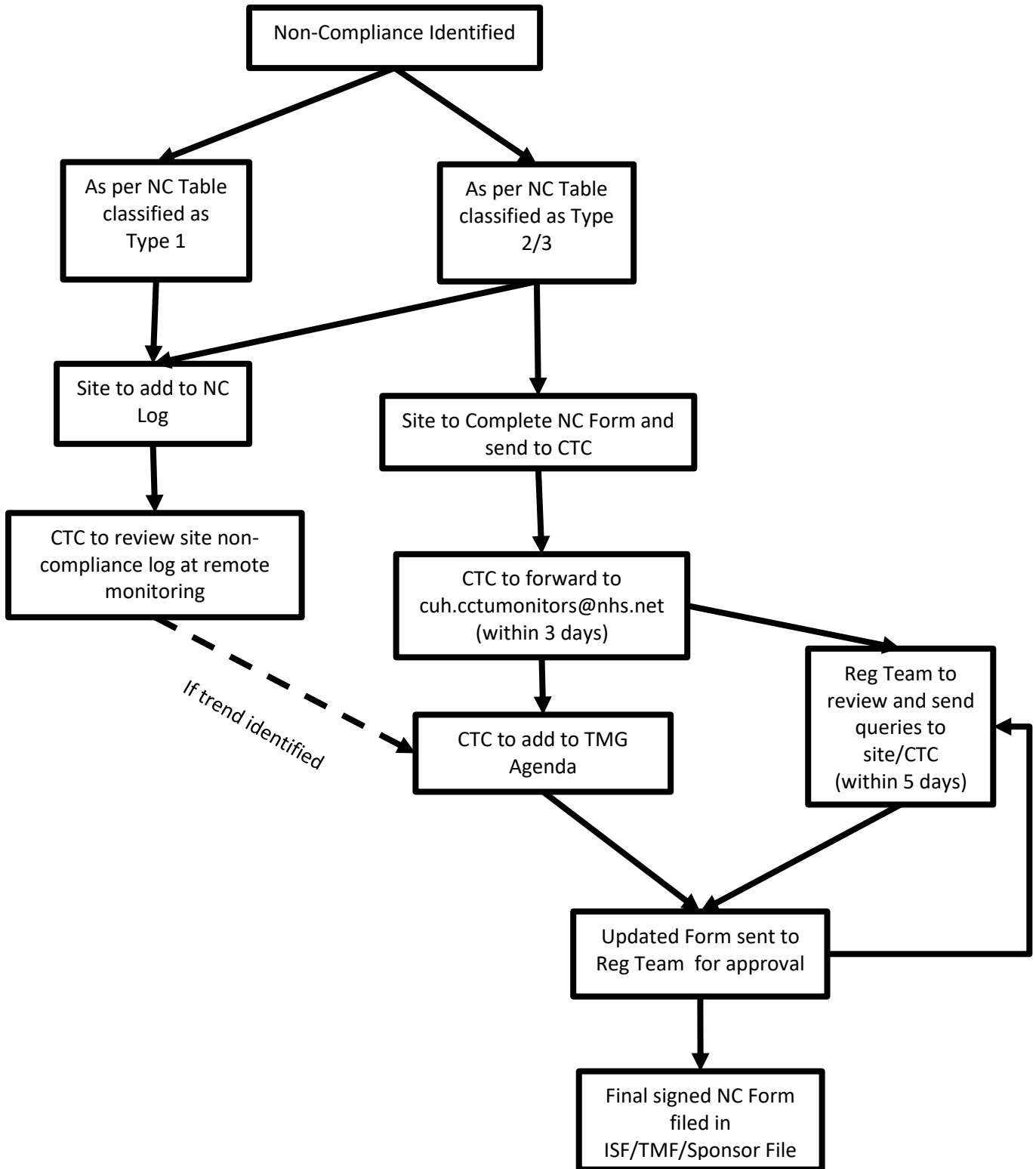
- A member of the site team must:
 - Complete/review the Non-Compliance Report form ensuring full details of the episode and any corrective and preventative actions taken/planned are provided (advice can be sought from the Regulatory Team on appropriate corrective and preventative action)
 - Where necessary, a member of the CCTU may assist with the completion of the Non-Compliance Report form in collaboration with the site team
- The Non-Compliance Report form should be sent to the CCTU Regulatory Team (cuh.cctumonitors@nhs.net) for review and classification in a timely manner following site awareness of the event, within 3 working days
- In accordance with the Sponsor Impact Assessment, the CTC will escalate the non-compliance to the CI and TMG as appropriate for further consideration/action
- The Non-Compliance Report form signed by the CCTU Regulatory Team must be filed in the TMF and ISF as applicable
- If urgent safety measures are required they must be carried out as soon as possible and fully documented, refer to CCTU/SOP019

7.2.2.2. Regulatory Team Responsibilities

The CCTU Regulatory Team (predominately the monitor) are responsible for reviewing the non-compliance on behalf of the Sponsor, within 5 working days to:

- Determine the classification of the non-compliance (Type 1, 2 or 3)
- Assess the CAPA for applicability/acceptability
- Perform an impact assessment of the event
- The impact assessment form is retained by the Regulatory Team
- Any actions required as a result of the impact assessment are communicated by e-mail to:
 - The relevant parties and will be followed up by the Regulatory Team
 - The CCTU QA Manager for inclusion in the CCTU Learning Log
- The Non-Compliance Report form signed by the CCTU Regulatory Team must be filed in the sponsor file

7.2.3. Flow chart of Reporting



7.2.4. Downgraded Classifications

- If after regulatory review a reportable event is downgraded to a type 1, the Non-Compliance Log is to be updated as appropriate. The confirmation of downgrade is to be filed in the in the sponsor file, TMF and ISF as applicable

- If the event is deemed to not be a non-compliance, the entry is to be crossed out on the non-compliance log and any correspondence filed in the sponsor file, TMF and ISF as applicable.

7.2.5. Ongoing review of non-compliances

- The Central Non-Compliance Log is to be regularly reviewed by the TMG to confirm the categorisation, classification, and to look for patterns/trends which may indicate an underlying problem, particularly for recurring episodes of a similar nature. A CAPA may be necessary where trends are identified to consider whether:
 - More training is required on trial procedures at a particular site
 - A protocol amendment may be appropriate to address a frequently recurring non-compliance issue
 - Documents may need to be redesigned if they are commonly misunderstood, misread or wrongly completed
- TMG review of the central Non-Compliance Log must be documented in the TMG minutes and any actions/concerns or queries notified to the Regulatory Team and trial Statistician in a timely manner
- Repeated/systematic major non-compliances can accumulate into a potential serious breach (Type 3)
- During remote monitoring review of the site level non-compliance log, a reconciliation with the central log for Type 2 NCs should be performed.
- The Site level and central Non-Compliance Logs are to be signed by the respective PI and CI at final close out monitoring visits
- All reportable non-compliances should be evaluated and taken into account for the final study report and subsequent publications. The central Non-Compliance log is to be shared with the trial statistician alongside any data exports.

7.2.6. Type 3 Non-Compliance - Potential Serious Breaches

- All Type 3 non-compliances/potential serious breaches must be reported to the CCTU Regulatory Team immediately for escalation to the Sponsor
- All non-compliances subsequently classified as Type 3 by the CCTU Regulatory Team will be escalated to the Sponsor in accordance with R&D/SOP003 Serious Breach of Protocol or GCP in CTIMPs

8. Monitoring Compliance with and the Effectiveness of this Document

a. Process for Monitoring Compliance and Effectiveness

As part of routine monitoring visits, audit and inspection

b. Standards/Key Performance Indicators

This process forms part of a quality management system and is reviewed according to CCTU procedures. Standard Operating Procedures are reviewed every two years.

9. References

Common Abbreviations and Definitions CCTU/INF001
MHRA, Good Clinical Practice "Grey Guide"

10. Associated Documents

R&D/SOP003 Serious Breach of Protocol or GCP in CTIMPs

11. Equality and Diversity Statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

12. Disclaimer

It is the user's responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

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