Joint Research Management Office positioned and guidance

Electronic Trial Master Files

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The Medicines and Healthcare products Regulatory Agency (MHRA) guide to Good Clinical Practice (GCP) chapter 10.5 should be read in conjunction with this guidance. MHRA guidance should be classed as best practice on this topic.

Contents

1.0 Guidance using an electronic Trial Master Files (e-TMF) when Barts Health (Barts Health) NHS Trust/Queen Mary University of London (Queen Mary) is the sponsor

The same controls must be in place for managing the e-TMF as managing a paper TMF; that is in terms of controls for security, unauthorised edits and access or ease of retrieval.

1.1 Minimum requirements

1) Vendor assessment: Chief Investigator (CI) and study team must demonstrate the system meets the below requirements and is user friendly (discussion with teams that will be using the System is important to assess this).

2) A contract must be in place with the software or service provider, this should include ability to change and update the system during the study so that national and sponsor requirements can be met.

1.2 Controls, security and training

3) System should enable appropriate security & secure passwords.
4) Work on a role based access principle using formal account creation and deletion approval process.
5) An audit trail must be in place (especially important if system is used to approve documents) covering date/time/user details for creation, uploading, approval and changes. This includes documented that will be scanned into the system and documents printed from the system.
6) A version control system must be in place to clearly indicate the different versions of each document stored in the eTMF.
7) The system must be able to retain a picture of addition support information (Often know as metadata) for the system as a whole and document level though out the projected and archiving period.
8) It should be possible to lock documents to prevent changes to documents.
9) All staff with access must receive formal and documented training.

1.3 Validation

10) All systems element will require validation (Guidance is available in *SOP 38b Electronic data management systems for MHRA-regulated studies*) to demonstrate that the functionalities are fit for purpose. Documentation for this process must be retained and accessed by Joint Research Management Office (JRMO) prior to use.
11) Scanning: should scanning be required the transfer should be validated to ensure the transfer of media occurs without loss and to ensure test certifiable copied are made. Scans should be certified or accuracy and completeness confirmed as part of a documented process.

1.4 Access

12) Read only access must be made available to JRMO monitors, auditors and regulatory inspectors.
    - This is direct access to the e-TMF used by those managing the trial, 'Snapshots' or copies are not acceptable.
    - Direct access means without reliance on a 'super user'
    - Training for this access must be brief (no more than an hour)

1.5 General

13) Documents should be viewable in real size (A4 paper equivalent)
14) Set up and folder structure must be able to replicate these laid out in *JRMO SOP 45Study Specific Essential File Documentation*
15) Ability to search and retrieve documents using both structured and unstructured search tools.
16) Produce document indexing.
17) User guide or manual must be created.
18) The system must be appropriately backed up to prevent data loss.

1.6 Retention and archiving

19) A plan for archiving agreed by JRMO GCP team must be presented at approval (including length of contract if an external vendor is used).
20) The system must remain accessible through the duration of the study and retention period.

2.0 Guidance using and e-Investigator Site File (e-ISF) when Barts Health/Queen Mary is the sponsor

1) Ensure use of ISF meets TMF requirements AND is agreed by the sponsor as part of the sponsor approval.
2) Decide at set up if a site is not willing or able to use an e-ISF - does not mean they can't not participate. Are you willing to have a hybrid of e-TMF, e-ISF and paper ISF or pharmacy files- discuss this with Sponsor.
3) Ask sites if they are able or willing to use an e-ISF - including site R&D and Information Governance (IG) approval. Ask sites to confirm that they will be able to comply with the arrangement in place for the study.
4) ISFs can contain identifiable participant data- who will this be handled by? Appropriate security methods should be in place and a Barts Health Data Protection Impact Assessment (DPIA) screening form (see *JRMO SOP 16a Data Protection*) should be completed for all e-ISF that will contain participant data(e.g. enrolment or screening logs)

5) The source control of site documents (enrolment logs, signed consent forms, drug accountability) must remain with the local site investigator unless specific consent is received form each participant for personal data to be released from the site and held by the Sponsor.

3.0 Guidance for external sponsors

- Use of e-ISF (including Pharmacy site file) must be flagged at Capability and Capacity review stage
- Site research team and PI must be willing to use the e-ISF.
- Sponsor must provide written explanation of compliance with MHRA and HRA statements and that the system in use has been validated. JRMO does not need to see or review documentation
- Sponsor must explain how system will be archived for 25/5years (see *Sop 20 Archiving*) and how Site will retain direct access to contents both during the study and archiving period.

The control of source site documents (enrolment logs, signed consent forms, drug accountability- the control of these must remain with the investigator unless specific consent is received form each participant for personal data to be released from the site and held by the Sponsor in an e ISF.