1. **Scope**

1.1 This SOP applies to any individual participating in a research project sponsored or co-sponsored by University of Aberdeen (UoA) and/or NHS Grampian (NHSG) and delegated the task of preparing and obtaining approval for substantial and non-substantial amendments to the protocol, essential documentation or other aspect of a study’s arrangements.

1.2 ⚠ Approval from Sponsor must be obtained prior to submitting any amendment to the Research Ethics Committee (REC) and/or Medicines and Healthcare products Regulatory Authority (MHRA) and NHS R&D.

1.3 This SOP may also be used by staff from other NHS areas, or organisations, with prior agreement.

2. **Responsibilities**

Chief Investigator (CI)  
- Request authorisation of all amendments from Sponsor, are subject to version control and are filed in the Trial Master File (TMF).

Research Governance  
- Ensure that insurance is still in place after any amendment.

3. **Procedure**

**Classification of Amendments by Sponsor**

3.1 Amendments are classified as substantial or non-substantial.

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Key to symbols  
- = Important point to note  
⚠ = Warning
3.2 A substantial amendment is defined as a change to the protocol or any other supporting documentation (eg participant information sheet, participant consent form), that is likely to affect to a significant degree any of the following:

- The safety, physical or mental integrity of the participants.
- The scientific value of the study.
- The conduct or management of the study.
- The quality or safety of any investigational medicinal product (IMP) used.

3.3 A non-substantial amendment is defined as a change to the details of the study which will have no significant implications for participants, the scientific value, conduct or management of the trial, or quality and safety of the Investigational Medicinal Product in a CTIMP. Examples of substantial amendments and non-substantial amendments are listed in appendix 1.

Requesting Authorisation of Amendments from the Sponsor

3.4 For research studies sponsored or co-sponsored by the UoA and/or NHSG, the CI, or delegate, shall notify the Sponsor, via email to the Research Governance Team (RGT) of their intention to make an amendment. Depending on the nature of the amendment (see appendix 1) the RGM, or delegate, shall confirm by email whether an amendment is substantial or non-substantial, and whether it requires submission to the REC, and/or the MHRA if a CTIMP, in addition to the NHS R&D office (or national coordinating centre if multicentre).

The relevant amendment must be submitted to the RGT for review and approval.

3.5 Non-substantial amendments do not need to be approved by the REC or MHRA. NHS R&D shall be notified of all non-substantial amendments as they occur and these shall be categorised within R&D as per the R&D UK Amendment Process. The CI, or delegate, shall receive notification of the relevant categorisation and whether the amendment can be implemented immediately, or if a 35 day implementation date applies.

3.6 After the 35 day implementation date an amendment can be implemented if R&D has not raised an objection. As per the UK Amendment Process an R&D Permission letter may not be issued. It is the Sponsor, or delegates, responsibility to ensure that no amendment is implemented without the required regulatory approvals and either a R&D Permission letter or after the 35 day implementation date has elapsed. It is best practice to notify the REC and MHRA of any non-substantial amendments, for information purposes, the next time there is communication with the organisation eg next substantial amendment, annual report submission.

3.7 The RGM, or delegate, shall review the amendment documentation and discuss and agree the amendment with the CI, or delegate, as necessary. Whilst reviewing any amendment the RGM, or delegate, shall consider if it alters the risk of the study. Any amendment which is considered to potentially increase the risk by a significant degree shall be sent to CSOG for an opinion prior to Sponsor authorisation. If required, the study specific risk assessment shall be reviewed and updated. A summary of all other significant amendments, not considered to significantly increase risk, are provided to CSOG.

3.8 Final copies of all documents, with appropriate version numbers, sent to the MHRA and/or REC shall be sent to the RGM, or delegate, for filing in the Sponsor file, along with copies of submission letters which should list any enclosed/attached documents.
Reporting of Amendments to the MHRA (CTIMP STUDIES ONLY)
3.9 It is the CI, or delegates, responsibility to complete and submit the Notification of Substantial Amendment Form via IRAS, together with all relevant documents (in the appropriate format). An updated Clinical Trial Application (CTA) form should be submitted if there are any changes to the information originally submitted to the MHRA.

3.10 On receipt of the documentation, the MHRA shall acknowledge and validate the submission to the person submitting the application, as defined in section ‘C’ of the CTA. If the application is invalid, the person making the submission shall be informed of the issue. The application shall not progress until it is valid.

3.11 Following receipt of a valid amendment, the MHRA will usually review the amendment within a maximum of 35 working days from receipt of the valid submission.

3.12 After the amendment has been assessed (within 35 days), the applicant shall be sent a letter stating either:

- Acceptance of the amendment.
- Acceptance of the amendment subject to conditions.
- Grounds for non-acceptance of the amendment.

3.13 If the CI receives an acceptance of amendment subject to conditions, they shall respond to the MHRA detailing how the conditions shall be met. The MHRA shall send a subsequent letter to the CI approving (or not) the response. Copies of all documentation shall be filed in the TMF and copied to the RGM, or delegate. An amendment must not be implemented until an MHRA approval letter has been received and, if appropriate, REC approval and R&D permission are received.

3.14 Should the MHRA send a ‘grounds for non-acceptance’ email or letter, the CI must not implement the amendment. The CI may revise the proposed amendment and make a new application to the MHRA for consideration.

3.15 Where international sites are involved in the clinical trial, the substantial amendment should be submitted to, and approved by, the relevant competent authority and national ethics committee in each country before the amendment is implemented in that country.

3.16 If the amendment requires approval from the MHRA only, a copy of the appropriate documents should be forward to the REC which provided the favourable opinion about the trial, for information purposes, the next time there is communication with the organisation eg next substantial amendment, annual report submission etc.

3.17 A copy of the amendment should also be forwarded to the NHS R&D office (or NRS Permissions CC if a multicentre research project).

3.18 A copy of all documents sent shall be logged on Amendment log (TMP-QA-9) and filed in TMF.

Reporting of Amendments to the REC (ALL RESEARCH STUDIES)
3.19 It is the CI, or delegate’s, responsibility to complete and submit the Notification of Substantial Amendment Form via IRAS, or if non substantial, the Non-Substantial Amendment Form (http://www.hra.nhs.uk/resources/during-and-after-your-study/nhshsc-rd-notification-non-substantialminor-amendment-form/) via NRSPCC, together with all relevant documents (in the appropriate format).

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Key to symbols

⊙ = Important point to note
⚠️ = Warning
3.20 On receipt of the documentation, the REC shall confirm to the CI within 5 working days whether the application is valid or not. The REC (under normal circumstances) shall issue an opinion on the amendment within a maximum of 35 working days from receipt of a valid Amendment Form. Where an unfavourable opinion is given, the CI may submit a revised amendment for consideration. The REC shall provide an opinion on the revised amendment within 14 days of receipt.

3.21 If the REC does not give a favourable opinion, the CI may appeal within 90 days of being notified of the unfavourable opinion.

3.22 If the amendment requires approval from the REC only, a copy of the appropriate documents shall be forward to the MHRA, for information purposes, the next time there is communication with the organisation eg next substantial amendment, annual report submission etc.

3.23 A copy of the amendment shall be forwarded to the NHS R&D office (or NRS Permissions CC if a multicentre research project).

3.24 A copy of all documents sent shall be logged on Amendment log (TMP-QA-9) and filed in TMF.

**Implementing an Amendment**

3.25 The amendment shall only be implemented once all necessary approvals have been received.

3.26 For an amendment requiring approval from the REC alone or the MHRA alone (CTIMPs only), the CI may implement the amendment once the REC has provided a favourable opinion or the MHRA has not raised grounds for non-acceptance of the amendment (respectively). In addition, either a letter confirming continuing permission for the amendment should be received from R&D, or notification of a 35 day implementation date after which an amendment can be implemented if no objection has been received (subject to REC and MHRA approval if applicable).

3.27 The CI, or delegate, must make any changes to the amended documents as requested by the REC and/or MHRA, and resubmit the documents as necessary.

3.28 The CI, or delegate, must send copies of all further correspondence and documents sent to and received from the MHRA and/or REC to the RGM, or delegate, and NHS R&D office.

3.29 The CI, or delegate, must file copies of all correspondence and documents sent (including copies of the signed cover letters) to, and from, the REC and/or MHRA and NHS R&D in the TMF.

3.30 The CI, or delegate, must log all amendments in a trial specific substantial and non-substantial amendment log (TMP-QA-9).

3.31 It is the responsibility of the CI to notify any other relevant individuals (eg Principal Investigators (PIs) if a multisite research project) or organisations (eg drug supply company, labs, pharmacy etc) that all necessary approvals have been received before an amendment can be implemented.

**Procedure after REC approval, R&D Permission (and/or MHRA approval if required)**

3.32 The CI must provide the Sponsor with a copy of any documentation amended as a result of correspondence with the REC, R&D (and/or MHRA).
3.33 The CI must update the TMF with all amended documents and record these in the study specific substantial and non-substantial amendment log (TMP-QA-9).

3.34 The CI/PI must ensure that the amendment approval letters from the REC, R&D (or notification of implementation date) (and/or the MHRA) are filed in the appropriate sections of the TMF and/or Investigator Site File/Investigator TMF.

3.35 For multicentre research projects, the responsibility is delegated to the CI to ensure all sites involved are able to support the amendment, and to distribute the amendment and related documentation to the PI or other organisations (eg drug supply company, labs, pharmacy etc) as required.

3.36 The CI shall discuss with the Sponsor any problems that centres might have in supporting the amendment. Such centres may be unable to continue their involvement with the research project.

3.37 The CI/PI must ensure that all staff involved in the research project are aware of any amendments, and that they comply with the amendments. It is also the CI/PI’s responsibility to inform the local pharmacy of any amendments to the research project if a CTIMP.

3.38 The CI/PI should ensure that local procedures are followed for ensuring that NHS R&D Permission is unaffected by the amendment.

3.39 For trials that are specifically submitted to the insurers for their agreement (ie if the trial initially fell into the referral criteria and was passed to the insurer for their agreement, or if an amendment moves it into the referral criteria) subsequent amendments of the protocol shall be referred to the insurer, as appropriate, to confirm continued insurance cover and ensure that the current version is noted in their files.

4. Abbreviations and definitions

CI Chief Investigator
CSOG Clinical Studies Oversight Group
CTA Clinical Trial Application
CTIMP Clinical Trial of Investigational Medicinal Product
MHRA Medicines and Healthcare products Regulatory Agency
PI Principal Investigator
R&D Research and Development (NHS)
REC Research Ethics Committee
RGM Research Governance Manager
RGT Research Governance Team
TMF Trial Master File

5. Related documentation and references

SOP-19 Appendix 1 Examples of substantial and non-substantial amendments
TMP-QA-9 Amendments log
Non-Substantial Amendment Form via http://www.hra.nhs.uk/research-community/during-your-research-project/amendments/

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### SUBSTANTIAL AMENDMENTS
(Details should be forwarded to R&D departments if single centre)

<table>
<thead>
<tr>
<th>Substantial Amendment</th>
<th>REC</th>
<th>MHRA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to the design or methodology of the study, or to background information</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>affecting its scientific value eg use of new measurement for the primary end point,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>addition of trial arm, placebo group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes to the procedures undertaken by participants; any change relating to the</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>safety or physical or mental integrity of participants, or to the risk/benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>assessment for the study eg change of inclusion/exclusion criteria, reducing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>monitoring visits, withdrawal of an independent data monitoring committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant changes to study documentation eg participant information sheets, consent</td>
<td>N</td>
<td>I</td>
</tr>
<tr>
<td>forms, questionnaires, letters of invitation, letters to GPs or other clinicians,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>information sheets for relatives or carers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A change of Sponsor(s) or Sponsor’s legal representative</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Appointment of a new Chief Investigator or key collaborator</td>
<td>N</td>
<td>I</td>
</tr>
<tr>
<td>A change to the insurance or indemnity arrangements for the study</td>
<td>N</td>
<td>I</td>
</tr>
<tr>
<td>Inclusion of a new trial site (not listed in the original application) in a CTIMP</td>
<td>N</td>
<td>I</td>
</tr>
<tr>
<td>only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment of a new Principal Investigator at a trial site in a CTIMP only</td>
<td>N</td>
<td>I</td>
</tr>
<tr>
<td>Temporary halt of a study to protect participants from harm, and the planned</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>restart of a study following a temporary halt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A change to the definition of the end of the study</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Any other significant change to the protocol or the terms of the REC application</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Suspension or revocation of the IMP marketing authorisation</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Change of IMPs used, dosing regimen, mode of administration</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

### NON-SUBSTANTIAL AMENDMENTS
(Details should be forwarded to R&D departments if single centre)

<table>
<thead>
<tr>
<th>Non-Substantial Amendment</th>
<th>REC</th>
<th>MHRA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor changes to the protocol or other study documentation, eg correcting errors,</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>updating contact points, minor clarifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updates of the Investigator’s Brochure (unless there is a change to the risk/benefit</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>assessment for the trial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes to the Chief Investigator’s research team (other than appointment of key</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>collaborators)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in funding arrangements</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>Changes in the documentation used by the research team for recording study data;</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>Changes in the logistical arrangements for storing or transporting samples</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>Inclusion of new sites and investigators in studies other than CTIMPs</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>Extension of the study beyond the period specified in the application form</td>
<td>I</td>
<td>I</td>
</tr>
</tbody>
</table>

**Key**

* CtIMP only

N – Notify Sponsor of the amendment by sending all documentation required. Wait for approval before implementing

I – Send a copy all correspondence regarding the amendment for information only when next submitting a substantial amendment or annual report.