## HRA and research transparency - registration

## Key messages and Q and A

### October 2014

### 1. Key messages

- 1.1 Transparency is fundamental to the role of the HRA to promote and protect the interests of patients and the public in health research
- 1.2 The HRA expects registration of all clinical trials before the first participant is recruited and from 30<sup>th</sup> September 2013 it has been a condition of the REC opinion, failure to do so within 6 weeks of the first UK participant is a breach of the favourable ethical opinion unless a notice to defer registration has been granted by the HRA
- 1.3 Many publishers require registration before the first participant is recruited and this must be seen as the expected norm and failure to do so may prevent publication in key journals such as the BMJ who actively implement that requirement
- 1.4 The HRA has updated the declaration the sponsor makes on a new application to a REC from September 2014 (essentially to comply with duties of the sponsor including conduct of research) to specifically declare that the HRA registration requirements have been met
- 1.5 In April 2015 the HRA will extend registration requirements to all trials in active recruitment in the UK

#### 2. Q and A

- 2.1 Q: How are clinical trials being defined by the HRA?
  A: All clinical trials of medicines, devices or other clinical interventions These are the first four questions on the IRAS (Integrated Research Application Systems) so no further judgment is required from the applicant, sponsor, REC or HRA
- 2.2 Q: Shouldn't other studies be registered as well? Why limit to clinical trials only? A: Yes, they should be registered and the HRA expects them to. However, the HRA approves a wide range of other studies and a judgment is needed on whether these studies are suitable for registration on the current public registers. The HRA will bring this judgement in to its HRA Approval process as it is adopted during 2015. It would be an unreasonable burden on RECs now and could delay approval times unnecessarily to do this too soon
- 2.3 Q: Surely all studies must be registered if they involve human participants? A: Yes, however the studies the HRA approves include some with minimal intervention (e.g. postal questionnaires) and studies that may be of largely educational benefit which would not be suitable for the public registers. A short summary of all studies approved by RECs in the UK are placed on the HRA website so there is that level of transparency for all studies in the UK
- 2.4 Q: Do clinical trials include all phases of clinical trials / Does it include clinical trials in healthy volunteers as well as patients / does it include commercial and non-commercial trials?

- A: Yes, although the HRA recognises the need to maintain UK competitiveness and has put in place a simple deferral mechanism where there are concerns of commercial confidentiality, this is a deferral with a commitment to register later not an exemption
- 2.5 Q: How do the HRA registration requirements compare with EU clinical trials legislation? A: The HRA requirements are consistent with EU legislation for clinical trials of medicines in patients, they extend the requirements for other clinical trials but the simple deferral option maintains UK competitiveness. The proposals also prepare the early trial community for the requirements that will be in the new EU legislation.
- 2.6 Q: Has the HRA introduced an option for exemption or deferral of registration? A: The HRA has introduced a simple mechanism for deferral based on assurances that the studies will be registered later, sponsors or researchers may apply for exemption and the HRA will consider this but has set out that it does not expect to grant exemption although it does recognise the need for deferral to maintain UK competiveness particularly for early phase trials
- 2.7 Q: How can a sponsor representative realistically declare that all trials have been registered when the responsibility for doing so may sit with others rather than the individual signing the REC declaration?
  - A: In line with many other equally important governance requirements the HRA would expect the assurance to be based on policies, procedures and controls
- 2.8 Q: Has the HRA consulted on its proposals?
  A: yes, widely and extensively and has received overwhelming support from all quarters
- 2.9 Q: How is the HRA working with the phase 1 / early trial / Contract Research Organisations to gain buy in to the proposals given they extend the requirements in the UK for healthy volunteer studies ahead of new EU legislation?A: The HRA is actively working with all communities and particularly the CRO's in the UK and recognises the particular pressures of the early trial industry, it is working with that community to gain better understanding of the benefits of complete trial registration. The CRO community have accepted the registration requirements, which include option of deferring registration if there are concerns of commercial confidence.
- Q: Has the HRA consulted with patients and the public on its proposals?A: yes, specifically through its public engagement work and the recent HRA call for comment attracted comment from patients and the public, as well as professional bodies and individuals.
- 2.11 Q: Could the HRA provided systems (or IRAS specifically) provide a public register in the UK?
  - A: Potentially yes, with resource. The HRA reluctance to do this is that transparency is a global issue and a better priority is to urge and lead the current established registries to move to greater standardisation
- 2.12 Q: Transparency is more than registration, what other progress has the HRA made? A: The HRA has commissioned a small audit of publication to establish baseline and understanding on barriers to publication. Early findings show that there is work to be done to ensure research findings are in the public domain. There will be further opportunity to link publication requirements to the REC opinion. The HRA has issued guidance on how to

make findings accessible to participants at the end of a trial. The HRA is working with the HTA on access to tissue and is exploring options to review requests and access to tissue within ethically approved tissue banks.

# Additional information

Transparency sits at the heart of the role of the HRA, the HRA welcomes its responsibilities with respect to transparency and the duties provided to it within the Care Act to promote transparency.

The HRA expects all trials to be registered and all trials to be reported, and has signed up to the AllTrials campaign. The HRA also recognises the practical challenges behind these expectations and the need to maintain UK competitiveness, it has therefore worked proactively with stakeholders to develop specific requirements linked to the HRA REC approval process in the UK.

## The HRA approach

The HRA has worked closely with stakeholders in developing the current requirements and considering further requirements within the transparency agenda.

### Stakeholder views

The response from stakeholders to the HRA approach has been overwhelmingly positive.

## HRA requirements – current and confirmed

In terms of clinical trials falling outside current EU legislation what do the HRA proposals actually impose? Essentially:

- From September 2014 no further action as long as the September 2013 conditions have been met i.e. trials have been registered or deferral has been notified and granted by the HRA
- From April 2015 trials in active recruitment in the UK are registered or the HRA is notified they have not.

The HRA recognises that the requirements in April 2015 will extend the declaration from being study specific to wider conduct for sponsors. Assurances will be expected to be based on sponsor policies and procedures and appropriate controls, as you would with any important governance requirements for an organisation.

Inclusion on the declaration provides a check point on compliance and provides the opportunity for the REC to place a condition on the approval of a new study that the previous registration requirements are met. The REC may also re-consider a favourable opinion on a study in light of information on the conduct of the study (this is within existing standard operating procedures) these are being updated to make specific reference to registration requirements.