

Research and Development SOP033 Preparation and Maintenance of a Trial Master File (TMF) for Sponsored Studies

V1.0

April 2025

Table of Contents

1. Introduction	4
1.8. Scope.....	4
1.9. Definitions/Glossary	4
2. Purpose of this Standard Operating Procedure	7
3. Ownership and Responsibilities.....	7
3.1. Role of the R and D Clinical Director.....	7
3.2. Role of the Senior Management Team (SMT)	7
3.3. Role of Chief Investigator (CI)	8
3.4. Role of Sponsorship Facilitator	8
4. Standards and Practice	9
4.1. Establishing a Trial Master File (TMF)	9
4.2. TMF Filing Structure.....	10
4.3. Maintenance and storage of the TMF	10
4.4. Electronic TMF	11
4.5. Archiving of the study.....	11
4.6. Destruction of the TMF.....	12
5. Dissemination and Implementation.....	12
6. Monitoring compliance and effectiveness	13
7. Updating and Review.....	14
8. Equality and Diversity	14
Appendix 1. Governance Information	15
Appendix 2. Equality Impact Assessment.....	18
Appendix 3 – Sample Trial Master File	21

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The Medicines for Human Use (Clinical Trials) Regulations 2004 (SI 2004/1031) Regulation 31A states that 'The sponsor shall keep a trial master file for a clinical study. The master file shall at all times contain the essential documents relating to that clinical trial.'
- 1.2. The Medicines for Human Use (Clinical Trials) Regulations 2004 (SI 2004/1031 Sch 1 Part 2 (9)) states that 'All clinical information shall be recorded, handled and stored in such a way that it can be accurately reported, interpreted and verified, while the confidentiality of the trial subjects remains protected.'
- 1.3. Clinical Trials Regulation (EU) No 536/2014 (Article 56) states; 'All clinical trial information shall be recorded, processed, handled, and stored by the sponsor or investigator, as applicable, in such a way that it can be accurately reported, interpreted and verified while the confidentiality of records and the personal data of the subjects remain protected in accordance with the applicable law on personal data protection.'
- 1.4. International Council for Harmonisation of Good Clinical Practice (ICH GCP) E6 (R2) Part 8 Addendum defines the essential documents for the conduct of a clinical study https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf
- 1.5. UK Policy Framework for Health and Social Care Research Policy outlines the responsibilities of individuals and organisations conducting research.
- 1.6. The essential documents demonstrate compliance with the standards of the ICH GCP, and applicable UK regulations.
- 1.7. The Trial Master File (TMF) is a collection of essential documents, that individually and collectively create an audit trail for all research **sponsored** by the Royal Cornwall Hospital NHS Trust (RCHT), facilitating the evaluation of the conduct of the study and the quality of the data produced.
- 1.8. **Scope**
 - 1.8.1. This Standard Operating Procedure (SOP) applies to all staff conducting research where the study is **sponsored** by RCHT.
 - 1.8.2. The procedures outlined in this SOP apply for all TMFs, whether paper-based, digital or a combination of both.
- 1.9. **Definitions/Glossary**
 - 1.9.1. **Good Clinical Practice (GCP)** is an international ethical and scientific quality standard for the design, conduct, performance, monitoring, auditing, recording, analysis, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected.

- 1.9.2. **Clinical Trial of Investigational Medicinal Product (CTIMP)** is any investigation in human subjects intended to discover or verify the clinical, pharmacological and/or other pharmacodynamics effects of one or more investigational medicinal product(s), and/or to identify any adverse reactions to one or more investigational medicinal products(s) and/or study absorption, distribution, metabolism and excretion of one or more investigational product(s) with the object of ascertaining its (their) safety and/or efficacy.
- 1.9.3. **Medicines and Healthcare products Regulatory Agency (MHRA)** is the executive agency of the Department of Health and Social Care in the UK which is responsible for regulating the use of medicines, medical devices and blood components for transfusion in the UK.
- 1.9.4. **Sponsor** is an individual, company, institution or organisation which takes responsibility for the initiation, management and/or financing of a clinical trial. A group of individuals and/or organisations may take on sponsorship responsibilities and distribute them by agreement among the members of the group, provided that, collectively, they make arrangements to allocate all the responsibilities that are relevant to the study in line with the UK Policy Framework for Health and Social Care Research.
- 1.9.5. **Chief Investigator (CI)** is the authorised health care professional who takes primary responsibility for the conduct of the trial. The CI must be a senior individual, with appropriate experience, expertise, and training to undertake the design, conduct and analysis of the study to meet the requirements set out in legislation. They must also lead and manage others who have been delegated responsibilities as part of the research project.
- 1.9.6. **Principal Investigator (PI)** is the person who takes responsibility for the initiation and conduct of the study at site. There is one Principal Investigator at each site participating in a research study. For a single site study, the Chief investigator may also take on the role of Principal Investigator.
- 1.9.7. **The Research Team** is a group of people involved in the conduct of a research project at site. It may include health care professionals, academics, patients and service users, members of the public, research professionals, students and/or scientists.
- 1.9.8. **Host Site** is the site where the study is being conducted
- 1.9.9. **Trial Master File (TMF)** is a compilation of documents that prove that the clinical trial has been conducted following regulatory requirements (including Good Clinical Practice). The TMF plays a crucial role in ensuring that the trial has been managed successfully by the Investigator, Sponsor and Institution.
- 1.9.10. **Essential Documents** are those documents which individually or collectively enable both the conduct of the research study, and the quality of the data produced to be evaluated.

- 1.9.11. **Source Documentation** is defined as the original documents, data and records which provide information of clinical findings, observations, and any activities in a clinical study necessary for the reconstruction and evaluation of the study.
- 1.9.12. **EDGE** is a dedicated, web-based, research database which is used within, and managed by, the R and D department at RCHT.
- 1.9.13. **Standard Operating Procedure (SOP)** is a procedure document detailing a specific sequence of events that must be followed for an activity.
- 1.9.14. **Glossary of Terms (RD and I AD 07)** is a glossary of the terms and the definition of the acronyms, it can be found in the Associated Documents folder in Edge.
- 1.9.15. **Acronyms**
- **CI:** Chief Investigator.
 - **CTIMP:** Clinical Trial of an Investigational Medicinal Product.
 - **EMA:** European Medicines Agency.
 - **EOI:** Expression of Interest.
 - **GCP:** Good Clinical Practice.
 - **HRA:** Health Research Authority.
 - **ICH GCP:** International Council for Harmonisation of Good Clinical Practice.
 - **ISF:** Investigator Site File.
 - **MHRA:** Medicines and Healthcare products Regulatory Agency.
 - **PI:** Principal Investigator.
 - **QMS:** Quality Management System.
 - **R and D:** Research and Development.
 - **RCHT:** Royal Cornwall Hospitals NHS Trust.
 - **REC:** Research Ethics Committee.
 - **SMT:** Senior Management Team.
 - **SOC:** Sponsorship Oversight Committee.

2. Purpose of this Standard Operating Procedure

- 2.1. This Standard Operating Procedure (SOP) describes the essential study documentation and procedures for preparing and maintaining the TMF as evidence that the data generated is complete, accurate, verifiable, and traceable.
- 2.2. Maintenance of essential documentation demonstrates compliance with the Clinical Trial Regulations including the principles of ICH GCP and the UK Policy Framework for Health and Social Care Research.

3. Ownership and Responsibilities

3.1. Role of the R and D Clinical Director

The R and D Clinical Director is responsible for:

- Having oversight of the implementation of robust arrangements to ensure staff follow the processes described in Section 4 Standards and Practice.
- Gaining assurance from the Senior Management Team (SMT) to ensure compliance with the processes outlined in Section 4 Standards and Practice.

3.2. Role of the Senior Management Team (SMT)

The SMT is responsible for:

- Providing assurance to the R and D Director of the compliance with the processes outlined in Section 4 Standards and Practice.
- Ensuring adequate provision of training for staff to perform their roles and responsibilities in association with the processes described in Section 4, Standards and Practice.
- Developing a monitoring plan, in line with the risks identified in the risk assessment for the study.
- Arranging monitoring of the TMF, as required in the monitoring plan or when triggered by an event or concern.
- Supporting the CI/PI to fulfil the duties, responsibilities, and obligations in executing the processes described in Section 4, Standards and Practice.
- Ensuring episodes of non-compliance associated with the standards and practice described in Section 4 are processed in accordance with the R and D SOP for Non-compliance Reporting (see SOP index guide).

3.3. Role of Chief Investigator (CI)

The Chief Investigator (CI) will be ultimately responsible for the set-up and ongoing maintenance of the TMF. The CI may delegate this task to an appropriate member or members of their study team, including the RCHT sponsorship team. This must be agreed on a trial-by-trial basis, ensuring that the set-up of duplicate TMFs is avoided at all times. Responsibilities must be agreed and clearly defined at the start of the study and detailed on the Delegation of Duties log for the study.

The CI is responsible for:

- Preparing and maintaining study specific files that form the TMF, throughout the lifetime of the study.
- Ensuring Principal Investigators (PIs), for multi-centre trials that are sponsored by RCHT, have prepared and maintained the Investigator Site File (ISF) at the respective sites, in accordance with the requirements of RCHT, the institution and any local requirements.
- Ensuring that the TMF is stored in secure location with restricted access.
- Ensuring that staff involved in the study have access to the appropriate files and documents to perform their function and undertake all activities in the protocol as delegated.
- Ensuring a robust process is in place for version control of the documents in accordance with the principles of Good Clinical Practice (GCP).
- Ensuring staff with delegated duties related to the standards processes and processes described in Section 4 fulfil their duties in accordance with the principles of GCP.
- Informing the Head of R and D and the Research Governance Manager immediately upon notification of an inspection from the regulators.
- Ensuring episodes of non-compliance of the systems and processes described in Section 4 are processed in accordance with R and D SOP Non-compliance Reporting (See SOP index guide).
- Supporting the regulators and auditors with queries relating to the study files and documentation.
- Ensuring all essential documentation is filed and the TMF is complete prior to archiving in accordance with R and D SOP 44 Archiving Essential Documents (available in the Documents Folder on EDGE).

3.4. Role of Sponsorship Facilitator

The Sponsorship Facilitator is responsible for:

- Supporting the CI to fulfil the duties, responsibilities, and obligations in executing the processes described in Section 4, Standards and Practice.

- Establishing the process and supporting the CI to maintain the TMF, ensuring essential documents which confirms compliance with R and D SOPs, and provides evidence of sponsor oversight and management of the study, are filed.
- Providing support to help all staff involved in the study to undertake their delegated duties in accordance with the principles of GCP.
- Liaising with the CI and RCHT staff involved in the study in all locations to ensure the essential documentation is filed in real time or as soon as practically possible.
- Ensuring the TMF is maintained in a tidy state, with all documentation filed in the appropriate sections.
- Liaising with the PI at host sites for the study, to ensure that an ISF is in place and the essential documentation is filed in real time or as soon as practically possible.
- Ensuring episodes of non-compliance of the systems and processes described in Section 4 are processed in accordance with R and D SOP Non-compliance Reporting (See SOP index guide).
- Supporting the regulators and auditors with queries relating to the study files and documentation.
- Carrying out quality checks and supporting the CI, to ensure that all essential documentation is filed and the TMF is complete prior to archiving the study in accordance with R and D SOP 44 Archiving Essential Documents (available in the Documents Folder on EDGE).

4. Standards and Practice

4.1. Establishing a Trial Master File (TMF)

- 4.1.1. European Medicines Agency (EMA) Guideline on the content, management and archiving of the clinical trial master file (paper and/or electronic) [Guideline on the content, management and archiving of the clinical trial master file \(europa.eu\)](https://www.ema.europa.eu/en/clinical-trials/guideline-on-the-content-management-and-archiving-of-the-clinical-trial-master-file) provides guidance for the structure, content, management and archiving of the TMF, to ensure compliance with the requirements of the Clinical Trials Regulations and the ICH GCP.
- 4.1.2. The TMF is normally held by the sponsor, and where appropriate, ISFs, held by the investigators (see R and D SOP021 Preparation and maintenance of the ISF). These files together are regarded as comprising the entire TMF.
- 4.1.3. A TMF must be established at the beginning of the trial in accordance with the requirements of the regulations and supporting documents. The TMF should be established as soon as possible after RCHT agreement to sponsor the study has been confirmed. This will normally follow a review of the proposed study carried out by Sponsorship Oversight Committee (SOC).

- 4.1.4. It is the responsibility of the CI to have oversight of the establishment and maintenance of the TMF for each study that they participate in. The CI may delegate the duty of maintaining the TMF, authorising this in the delegation log.
- 4.1.5. In organising the TMF, it is essential to separate those documents that are generated or held by the sponsor of the study and those of the investigators. Some documentation held by investigators should not be provided to the sponsor, particularly where there are confidentiality issues including personal identifiable information in consent forms and subject identification lists.
- 4.1.6. The files and documents required for each study vary according to the phase of the study, the activity conducted at site, which staff and departments are involved and whether the study is a clinical trial of an investigatory medicinal product (CTIMP) or other type of study.

4.2. TMF Filing Structure

- 4.2.1. The essential documents should be filed in an organised way that will facilitate management of the study and enable the sponsor and CI, as well as monitors, auditors and inspectors to evaluate compliance with the protocol and GCP.
- 4.2.2. For **single site** studies, the TMF should be set up according to the indexes provided by the sponsor in this SOP, see Appendix 3 for Sample Trial Master File Index.
- 4.2.3. For **multi-centre** studies, each Principal Investigator (PI) must set up an ISF containing all essential documents applicable to the conduct of the trial at their site.
- 4.2.4. The sites hosting the study may choose to set-up a separate Pharmacy Site File with a selection of essential documents regarding Investigational Medicinal Product (IMP) management at the host site.
- 4.2.5. **Appendix 3** provides a sample TMF index, the extent to which this is used will be dependent on the requirements of the study.

4.3. Maintenance and storage of the TMF

- 4.3.1. Essential documentation should be filed in a timely manner throughout the study to keep the file up to date.
- 4.3.2. All documents should be filed in the appropriate section and chronologically within each section to allow the most recent versions of the documents to be easily accessed, to provide a clear audit trail.
- 4.3.3. The format of the TMF can be paper, electronic or a combination of both, and both formats must adhere to the requirements of ICH GCP guidelines.
- 4.3.4. Documents should adhere to ALCOA CCEA and ALCOA + principles, as

described in the MHRA GXP Data Integrity Guidance and Definitions (<https://www.gov.uk/government/publications/guidance-on-gxp-data-integrity>); Attributable, Legible, Contemporaneous, Original, Accurate, Complete, Corroborated, Enduring and Available when needed and Traceable. All documents should be signed and dated as appropriate in line with these principles.

- 4.3.5. All amended documents must be filed in the TMF. All superseded versions of approved documents must be retained but scored through, marked “superseded”, initialed and dated. Superseded documents should be held within the relevant section of the TMF to display the audit trail.
- 4.3.6. Correspondence necessary for the reconstruction of the study, including key activities and decisions, should be retained. This correspondence should be filed in the sections most relevant to which it relates, not necessarily all filed in one section. General correspondence can be kept in a correspondence section.
- 4.3.7. Any documents identified as missing must be obtained by the CI or the person to whom this task has been delegated.

4.4. Electronic TMF

- 4.4.1. Electronic TMFs (eTMF) must have appropriate security and controls to be in place, ensuring that no loss, alteration or corruption of data and documents occurs, this could include user accounts, password protected documents, audit trails and trackers, regular back-ups and quality checks.
- 4.4.2. An eTMF is a document management system, processes must be in place to allow the most recent versions of the documents to be easily accessed.
- 4.4.3. The eTMF must be validated to demonstrate that the functionality of the system is fit for purpose.

4.5. Archiving of the study

- 4.5.1. Archiving of the TMF should occur after all close out procedures have been completed by the sponsor and at all host sites, as required.
- 4.5.2. Archiving of the study must be agreed by the Sponsorship Oversight Committee (SOC), to ensure oversight and assurance that the processes have been completed in line with the required SOPs.
- 4.5.3. Archiving of the TMF and associated study documentation held by RCHT should be carried out in accordance with SOP44 Archiving of Essential Documents (see Documents folder on EDGE).
- 4.5.4. For multi-centre trials sponsored by RCHT, the CI or delegate must notify all sites when the decision has been made to archive the study. The PI at the respective sites will prepare and archive the ISF in accordance with the local SOPs for the institution.

4.6. Destruction of the TMF

- 4.6.1. Destruction of the study documentation must be agreed by SOC, to ensure oversight and assurance that the processes have been completed in line with the required policies and SOPs.
- 4.6.2. Destruction of the TMF and associated study documentation held by RCHT should be carried out in accordance with SOP044 Archiving of Essential Documents (see Documents folder on EDGE).
- 4.6.3. For multi-centre trials sponsored by RCHT, the CI or delegate must notify all sites when the decision has been made to destroy the study. The PI at the respective sites will destroy the documentation in accordance with the local SOPs for the institution.

5. Dissemination and Implementation

- 5.1. Trust-wide R and D procedural documents will be stored on the Trust's Document Library and a working copy will be accessible through EDGE providing alternative access for research staff.
- 5.2. The Research Governance Manager will arrange for the documents to be sent to the EDGE Data Officer to publish a copy onto the EDGE system.
- 5.3. The EDGE Data Officer or delegate will ensure any previous versions of the document are made inaccessible to general EDGE users, in accordance with the EDGE document archiving procedure (see SOP001 Preparation, Approval and Review of SOPs/WIs).
- 5.4. Relevant research staff registered on EDGE will be notified by email of the new or reviewed document. Relevant staff will be identified from the Ownership and Responsibilities (Section 3) section of this procedural document and the R and D training matrix (R and D AD 19).
- 5.5. Details of how to access EDGE is available by contacting the EDGE Data Officer via rch-tr.edge@nhs.net.
- 5.6. It is the responsibility of all staff to check the website regularly, in order to see if SOPs have been added or amended. R and D will endeavour to notify research staff of any SOP developments that may be relevant to them via staff communications e.g., R and D Newsletters, Leadership Huddles and Workstream Huddles. A list of any new or updated SOPs will be reviewed and ratified by at the R and D Senior Management Team Governance and Performance monthly meetings.
- 5.7. Consideration must be given at study set up as to which SOPs will not apply to a specific study, with agreement from SMT. Full details must be included as a written statement in the study site file.
- 5.8. R and D SMT to define any training requirements prior to the implementation of any procedural documentation. There will be appropriate time allowed for such training prior to the publishing of the SOP/WI.

5.9. Whilst SOPs may be printed, the electronic version maintained on the R and D internet page is the controlled copy. Any printed copies are not controlled.

5.10. Chief and Principal Investigators will be notified of new and forthcoming SOPs via email.

5.11. Training and Education

- When a new SOP is authorised, or when an existing SOP is revised, self-directed training as specified and detailed by the SMT must be carried out by all staff to which the SOP is relevant, and this training documented in their training record.
- Staff should take time to read and fully understand the SOP and relevant documents, ensuring that they are able to implement the SOP as required. If clarification is needed, the staff member should approach the Research Governance Manager, or another member of the SMT, who will arrange additional training. All staff are responsible for maintaining their own training logs and copies must be made available to study monitors on request.
- Additional information is available by contacting the EDGE Data Officer via rch-tr.edge@nhs.net.

5.12. SOP Deviations

- If a process deviates from an approved SOP, a risk assessment will be undertaken to determine the consequences and identify any remedial action(s) that needs to be taken. It may also be appropriate to submit an incident report via the Datix system.
- The author of the risk assessment must submit the risk assessment to SMT.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Successful implementation of the procedures described in this SOP ensures that there is a clear understanding of the roles and responsibilities for staff conducting sponsored research studies and clinical trials at RCHT.
Lead	Research Governance Manager.
Tool	Internal monitoring of RCHT sponsored research studies and clinical trials will monitor the implementation of this SOP and compliance with Good Clinical Practice (GCP).
Frequency	Compliance with this procedural document will be monitored as part of the R and D risk-based, audit and monitoring process directed through the R and D SMT Governance and Performance meetings.

Information Category	Detail of process and methodology for monitoring compliance
Reporting arrangements	The Research Governance Manager will provide monthly reports at the R and D SMT Governance and Performance meetings.
Acting on recommendations and Lead(s)	The Governance and Performance SMT meetings will provide effective oversight and ensure corrective actions are undertaken.
Change in practice and lessons to be shared	The Governance and Performance SMT meetings will identify non-compliance and appoint a member of the SMT to provide support and advice to identify training needs and improve practice. Required changes to practice will be implemented as soon as practically possible.

7. Updating and Review

The R and D procedural documents will be reviewed no less than every three years by the R and D SMT unless an earlier review is required, in accordance with Section 9 of the Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies).

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Research and Development SOP033 Preparation and Maintenance of a Trial Master File (TMF) for Sponsored Studies V1.0
This document replaces (exact title of previous version):	New document
Date Issued / Approved:	October 2024
Date Valid From:	April 2025
Date Valid To:	April 2028
Author / Owner:	Caroline Phillips, Research Governance Manager
Contact details:	rcht.researchqualityassurance@nhs.net 01872 256429
Brief summary of contents:	This SOP provides guidance for preparing and maintaining essential documents in the Trial Master File (TMF) for studies sponsored by RCHT.
Suggested Keywords:	Standard Operational Procedure (SOP). Good Clinical Practice (GCP). Research and Development (R and D). Sponsored Studies.
Target Audience:	RCHT: Yes CFT: No CIOs ICB: No
Executive Director responsible for Policy:	Director of Research and Development
Approval route for consultation and ratification:	Research and Development Senior Management Team (SMT)
Manager confirming approval processes:	Bianca Mills, Head of Research and Development
Name of Governance Lead confirming consultation and ratification:	Caroline Phillips, Research Governance Manager
Links to key external standards:	Good Clinical Practice for Clinical Trials

Information Category	Detailed Information
	https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials
Related Documents:	Clinical Trials Regulation (EU) No 536/2014 https://www.legislation.gov.uk/eur/2014/536/article/56 Medicines for Human Use (Clinical Trials) Regulations 2004 and all associated amendments. https://www.legislation.gov.uk/uksi/2004/1031/contents/made UK Policy Framework for Health and Social Care Research https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/ Good Clinical Practice – HRA Guidance https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/good-clinical-practice/ Medicines and Healthcare products Regulatory Agency (MHRA) ‘GXP’ Data Integrity Guidance and Definitions https://www.gov.uk/government/publications/guidance-on-gxp-data-integrity European Medicines Agency (EMA) Guideline on the content, management and archiving of clinical trial master file (paper and/or electronic) Guideline on the content, management and archiving of the clinical trial master file (europa.eu) European Medicines Agency (EMA) Guidelines on computerised systems and electronic data in clinical trials https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/guideline-computerised-systems-electronic-data-clinical-trials_en.pdf ICH Efficacy Guidelines Good Clinical Practice https://www.ich.org/page/efficacy-guidelines ICH GCP E6(R2) https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf ICH GCP Essential documents for the conduct of a clinical trial: ICH E6 (R2) Good clinical practice -

Information Category	Detailed Information
	https://ichgcp.net/8-essential-documents-for-the-conduct-of-a-clinical-trial
Training Need Identified:	Yes – Details provided in Section 5
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Research and Development

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
17 October 2024	V1.0	Initial issue	Caroline Phillips Research Governance Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Research and Development SOP033 Preparation and Maintenance of a Trial Master File (TMF) for Sponsored Studies V1.0
Department and Service Area:	Corporate
Is this a new or existing document?	New document
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Caroline Phillips, Research Governance Manager
Contact details:	rcht.researchqualityassurance@nhs.net 01872 256429

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This SOP provides guidance for preparing and maintaining essential documents in the Trial Master File (TMF) for studies sponsored by RCHT.
2. Policy Objectives	This SOP ensures that essential study documentation for RCHT sponsored studies is available within the Trial Master File (TMF) as evidence that the data generated is complete, accurate, verifiable, and traceable.
3. Policy Intended Outcomes	Compliance with the regulatory requirements and Good Clinical Practice (GCP).
4. How will you measure each outcome?	Risk-based internal auditing and monitoring programme to ensure that research studies are compliant with GCP. External monitoring and auditing carried out by the sponsors and Clinical Research Associates (CRAs).

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	All research participants for studies sponsored by RCHT. All staff involved in research and the Trust.
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Research and Development Senior Management Team. Research and Development Sponsorship Facilitator.
6c. What was the outcome of the consultation?	Consultation ensures that R and D understand the best practice in the development of procedural documents, aligned to the requirements of GCP guidance.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: The outcomes of internal and external monitoring and audits will inform the development of SOPs and WIs, ensuring that R and D has robust systems and processes in place which ensure patient safety, and the quality and integrity of research studies carried out by RCHT R and D.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Caroline Phillips, Research Governance Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3 – Sample Trial Master File

SECTION	TITLE
One	Externally Approved Documents
1.1	Protocol, signed and dated by CI
1.2	Participant Information Sheet
1.3	Informed Consent Form
1.4	Any letter / information for participant's GP or consultant (if applicable)
1.5	Recruitment literature / advertisement (if applicable)
1.6	Other written information provided to participants
1.7	Protocol Registration on a clinical trials database
Two	Internal Trial Documents
2.1	Sample CRFs, questionnaires and diaries (if applicable)
2.3	Data Management Plan / data processing document
2.4	Database specification, build and validation documents
2.5	Statistical Analysis Plan (SAP)
2.6	Working Instructions / Guidance Notes specific to the study
2.7	Training material e.g. presentations, agenda for training days
2.8	Dose escalation review/report documentation (if applicable)
Three	Sponsorship
3.1	Letter of Acceptance of Sponsorship
3.2	Division of Responsibilities
Four	Contracts and Agreements/Finance/Indemnity
4.1	Grant Application (if applicable)
4.2	Funding arrangements including funding letter and peer review
4.3	Fully Executed Agreement between involved parties
4.4	Other fully executed agreements e.g. IMP supplier
4.5	Invoices
4.6	Insurance/Indemnity (if not covered in Agreement)
4.7	Correspondence
Five	Research Ethics Committee (REC)
5.1	REC application form
5.2	REC approval letter and composition
5.3	REC correspondence

Six	Health Research Authority (HRA)
6.1	HRA application
6.2	HRA approval letter
6.3	HRA correspondence
Seven	NHS Trust R and D Capability and Capacity
7.1	Approval letter(s) or equivalent
7.2	Correspondence
Eight	Regulatory
8.1	Regulatory application
8.2	Regulatory authorisation
8.3	Regulatory correspondence
Nine	Amendments
9.1	Amendment 1 including amendment submission, covering letters and approval letters. Approved version of new document to be filed in section 1.
9.2	Amendment 2 (repeat as required 9.3, 9.4 etc.)
Ten	Study Personnel
10.1	Contact details (including emergency contact)
10.2	Delegation of Authority and Signature Log
10.3	Signed and dated Curriculum Vitae
10.4	Evidence of training including protocol and GCP
Eleven	Safety Reporting
11.1	Investigator Brochure/Summary of Product Characteristics and updates
11.2	Serious Adverse Event (SAE) Reports
11.3	Suspected Unexpected Serious Adverse Reaction (SUSAR) reports
11.4	Safety information sent to PIs, if a multi-centre study
11.5	Procedure for randomisation and unblinding/code break (if applicable)
11.6	Code break envelopes (if applicable)
11.7	Blank SAE forms
11.8	Correspondence
Twelve	Investigational Medicinal Product (IMP) information
12.1	Investigator's Brochure (IB) and / or Summary of Product Characteristics (SmPC)
12.2	Safety alert updates

12.3	Certificate of IMP analysis and placebo if relevant
12.4	Documentation of IMP destruction
Thirteen	Pharmacy (to be kept in pharmacy department whilst study is ongoing if using Pharmacy Services)
13.1	Delegation of Authority and Signature Form
13.2	Pharmacy Agreement
13.3	Invoicing
13.4	Documentation of shipment
13.5	IMP packaging including sample of labelling
13.6	Instructions for handling of IMP
13.7	Notification of unblinding
13.8	Retrieval of code-break envelopes
13.9	Drug accountability / inventory forms (Pharmacy) / dispensing logs / temperature logs
13.10	Pharmacy correspondence
Fourteen	Local laboratory (if applicable)
14.1	Normal ranges
14.2	Accreditation
14.3	Sampling instructions / lab manual
14.4	Sample shipment receipt / tracking
14.5	Laboratory correspondence
Fifteen	Equipment (if applicable)
15.1	Calibration certificates
15.2	Related correspondence
Sixteen	Other Local Service Providers (if applicable)
16.1	Correspondence
Seventeen	Monitoring
17.1	Risk Assessment
17.2	Monitoring Plan
17.3	Site Initiation Report (or equivalent)
17.4	Monitoring Visit Reports/Log
17.5	Study Close-out Report
17.6	Protocol Deviations report
17.7	Correspondence
Eighteen	Audit (if applicable)

18.1	Audit certificate (If a certificate is issued by the auditor)
Nineteen	Trial Management Group / Committees
19.1	Trial Management Group (members, codes of reference, agendas, minutes and correspondence)
19.2	Data Monitoring Committee (members, codes of reference, agendas, minutes and correspondence)
19.3	Trial Steering Committee (members, codes of reference, agendas, minutes and correspondence)
Twenty	Trial Reports
20.1	Annual reports to REC, HRA, R and D and Sponsor
20.2	Development Safety Update Report (DSUR)
20.3	Notification of end of study to relevant parties
20.4	Final report to REC, HRA, Sponsor, R and D and Funder if applicable
20.5	Final report to MHRA
20.6	EudraCT result database upload
Twenty One	Study Report/Publication
21.1	Publication
21.2	Clinical Study Report
Twenty Two	General Correspondence
22.1	Correspondence
22.2	Record of all significant telephone conversations and emails relating to the study