The clinical research landscape in the UK has been dramatically transformed in the last few years with the introduction of measures to streamline regulatory and governance arrangements. These measures are intended to reduce bureaucracy, support world class research and ultimately benefit patients.

The improvements have been made possible by an ambitious programme of collaborative work involving many organisations. Significantly the research and development (R&D) strategies of the four UK nations and pressure from the research community itself, particularly industry, have helped to drive the work forward.

Considerable progress has been made in addressing issues that were having a detrimental effect on health research in the UK, including the lack of consistency and standardisation in processes, and the variation in the interpretation of regulations or advice. There is still work to be done, but as the new initiatives are becoming embedded as standard practice, the benefits are becoming apparent to the research community.

This booklet provides an overview of the changing regulatory and governance environment across the UK. It briefly describes the initiatives that have been put in place and provides sources of more detailed information.
Before a study can commence a number of approvals need to be sought. In the past, researchers had to fill out numerous separate, often virtually identical, forms when applying to regulatory and governance bodies. IRAS simplifies and standardises these processes and is a key part of the drive to dramatically reduce the regulatory burden across the UK.

IRAS is a single system for applying for the permissions and approvals for health and social care/community research in the UK. This web-based system allows researchers to make a series of applications to the appropriate regulatory and governance bodies whilst only having to enter the data for their project once. Filters are used to ensure that data are collected and collated appropriately to the type of study and the approvals and permissions required.

The development of IRAS was led by the National Research Ethics Service (NRES), under the auspices of the UK Clinical Research Collaboration (UKCRC), and since April 2009 has been the preferred system for all applications for permission and approval from the following bodies:

- Administration of Radioactive Substances Advisory Committee (ARSAC)
- Gene Therapy Advisory Committee (GTAC)

“It’s a web-based system and allows you to enter the data just once, instead of duplicating all the paperwork for each site. It really has speeded things up — MHRA approval for a healthy volunteer phase I study now takes, on average, less than 13 days, which compares favourably with the United States.”

Managing Director, Clinical Development and Support Services Ltd, Life Science Leader magazine, June 2009
I’ve just completed the new online IRAS training module which I found to be very clearly stated and informative – an excellent resource which I will circulate around my colleagues.

Quality Assurance Manager, Clinical Trials Unit

- Medicines and Healthcare products Regulatory Agency (MHRA)
- Ministry of Justice (MoJ)
- National Health Service (NHS)/Health and Social Care (HSC) research offices and national permissions systems
- NHS/HSC Research Ethics Committees
- National Information Governance Board for Health and Social Care (NIGB)
- Social Care Research Ethics Committees.

The system provides researchers with extensive guidance, instruction and an e-learning training module to support them through the application process.

IRAS is an integral part of the changing regulatory and governance landscape and supports many of the other activities designed to reduce the bureaucracy involved in health and social care research across the UK. Many of these activities are described in this booklet.

**Further information** on IRAS can be accessed directly at: [https://www.myresearchproject.org.uk/](https://www.myresearchproject.org.uk/)

The free online training module can be accessed at: [https://www.myresearchproject.org.uk/ELearning/](https://www.myresearchproject.org.uk/ELearning/)
Research ethics committees (RECs) protect the rights, safety, dignity and well-being of research participants while facilitating and promoting research that is ethical.

In response to concerns around ethics review, including the time, cost and bureaucracy involved, the health service REC structure has been strengthened and simplified with the launch of the National Research Ethics Service (NRES) in 2007. These new ways of working aim to benefit both applicants and RECs.

Further reduction in bureaucracy and paperwork has been achieved since IRAS became the only route for making ethics applications. In addition RECs are able to give a single UK-wide ethical opinion and a system is now being piloted where those research proposals which are deemed low-risk and do not raise material ethical issues go through faster proportionate review. Together these changes have led to improvements in the process of setting up research studies.

Further information is available on the NRES website at: http://www.nres.npsa.nhs.uk/

“From where I stand, I have very positive things to say about how the whole ethical review system has changed. When comparing the present system to what it originally was, it is now unrecognisable.

Independent consultant on Good Clinical Practice"
For a research study to be carried out in the UK a number of quality assurance and statutory requirements must be met and permission obtained from the relevant health service organisations involved.

The four UK countries have put systems in place that aim to provide a streamlined and consistent approach for obtaining National Health Service (NHS)/Health and Social Care (HSC) permission for clinical research. These systems take into account the different statutory provisions, organisational structures and sizes of each nation. The Health Departments are also committed to ensuring compatibility of their systems in order to facilitate UK-wide studies and to minimise duplication of effort.

The four national systems streamline the regulatory and governance environment for research and reduce duplication, approval times and bureaucracy. Researchers use IRAS to apply for NHS/HSC permission. Each national system:

- Uses a central coordination point to ensure that permission is granted across sites in multi-site studies more rapidly
- Has procedures to define which governance checks are global (undertaken once only per study), which are local (undertaken at every participating site) and who is responsible for carrying them out
- Ensures clarity regarding the roles and responsibilities of sponsors, investigators, networks and Trusts/Boards.

Researchers are supported through the NHS/HSC R&D permission process, whether the study is within one UK country or cross-border, by the study specific tailoring of forms and guidance in IRAS.
The four national systems are outlined below:

**England – National Institute for Health Research Coordinated System for gaining NHS Permission (NIHR CSP)**

NIHR CSP provides a single point to which sponsors and investigators need to apply for NHS permission to start studies that are included in the NIHR Clinical Research Network Portfolio and studies funded by NIHR Biomedical Research Centres (BRC), NIHR Biomedical Research Units (BRU) and NIHR Collaborations for Leadership in Applied Health Research & Care (CLAHRC). Since April 2009 NIHR CSP has been the standard R&D permissions process for these studies.

NIHR CSP is coordinated through the NIHR CSP Unit and the Comprehensive Local Research Networks (CLRNs) across England.

**Further information** on NIHR CSP and the NIHR CRN Portfolio is available here: [http://csp.crncc.nihr.ac.uk](http://csp.crncc.nihr.ac.uk)
Northern Ireland

In Northern Ireland all five Health and Social Care (HSC) Trusts are now working under a new memorandum of understanding to speed up and facilitate the research governance permissions process.

The five HSC Trust research offices provide dedicated support for researchers requiring permission to conduct research within the HSC and all accept the Site Specific Information (SSI) and the R&D form generated by IRAS.

Further information is available at: http://www.ukcrc.org/regulationgovernance/rdperm/natsystrdperm.aspx

Scotland – NHS Research Scotland (NRS)

NHS Research Scotland (NRS) streamlines the process of obtaining R&D approval for commercial and non-commercial multicentre research studies in Scotland. The process is managed by the NRS Coordinating Centre (NRSCC). This is the main point of contact for applicants and works with NHS Board R&D offices to facilitate Board and management approval prior to study initiation.

Further information is available at: http://www.nhsgrampian.com/nrsc

“...It was brilliant having one place to go to with the NRSCC staff taking the information, uploading it and progressing the approval... Once the R&D Office had everything, it was amazing how quickly things went through.”

Non-commercial Study Trial Coordinator
Wales – Streamlined NHS Permissions Approach to Research – Cymru (SPARC)

The Streamlined NHS Permissions Approach to Research – Cymru (SPARC) system was introduced in April 2009. It provides a streamlined and consistent approach for obtaining NHS permission for primary care research studies in Wales.

The system is managed centrally which provides a single point of contact for researchers to apply for NHS permission to conduct primary care research in multiple Local Health Boards.

Since October 2009, primary and secondary care NHS services have merged to form nine new Local Health Boards across Wales. During 2010, the central coordination unit will expand to take on responsibility for coordinating multi-centre study permissions in secondary care. The unit will be called the National Institute of Social Care and Health Research (NISCHR) Permissions Unit.

Further information is available at: http://www.primarycarermg.wales.nhs.uk
Those working in clinical research in the UK need consistent, definitive regulatory and governance advice. In 2006 a UKCRC review of existing support revealed confusion and inconsistency. There was a clear need for consolidated UK-wide advice on regulation and governance.

In response, the UKCRC set up the Regulatory and Governance (R&G) Advice Service to help research managers, mainly in the NHS/HSC and university sectors across the UK. The Service was launched between April and June 2007.

The R&G Advice Service is jointly delivered by the Medical Research Council Regulatory Support Centre, the NIHR Clinical Research Network Coordinating Centre, and the regulatory, governance and policy-making bodies that it represents. It provides a route for resolving complex queries such as those involving more than one regulatory issue and complements advice that is given at the local level, by NHS/HSC and university R&D departments. The local R&D office should be the first port of call for researchers.

The Service also provides web-based support in the form of questions and answers, best practice documents, events and training, and access to other authoritative web guidance such as the Clinical Trials, Experimental Medicine and Data and Tissues Tool Kits. This part of the Service is available to all.

Further information on the UKCRC Regulatory and Governance Advice Service can be accessed at:
http://www.ukcrc-rgadvice.org/

On average the R&G Advice Service website receives 800 visits every month – the Service has also helped more than 450 people with nearly 900 queries.

I think the Service is excellent and I feel that it is a highly beneficial support mechanism. I have used the Service several times and I am very appreciative of the support this gave me.

NHS Research Manager
A suite of model agreements are available to cover the various clinical research scenarios in the NHS/HSC across the UK. They are designed to reduce the time, effort and cost involved in negotiating acceptable terms for an individual study between the NHS/HSC and the study sponsor, i.e. pharmaceutical or device companies, Clinical Research Organisations (CROs) or a non-commercial organisation. Where a commercial sponsor is involved, four versions of the model agreements have been developed to ensure compliance with the law and to reflect regional institutional arrangements across the UK.

When used without modification these model agreements have been shown to reduce the time and expense in setting up studies and they have now been widely adopted. To date, agreements have been developed for the following research scenarios:

- Revised model Clinical Trials Agreement (mCTA): a bipartite agreement for commercial pharmaceutical clinical trials, published in October 2006
- Clinical Research Organisation (CRO) mCTA (CRO mCTA): a tripartite agreement for CRO-managed pharmaceutical clinical trials, published in October 2007
- Model clinical investigation agreement (mCIA): a bipartite agreement for commercial medical device clinical investigations, published in November 2008
- CRO mCIA: a tripartite agreement for CRO-managed commercial medical device clinical investigations, published in June 2009
- Model agreement for non-commercial research in the Health Service (mNCA), published in December 2008.
Several other agreements for different research scenarios are also in development or planned, including a Primary Care mCTA and an agreement for collaborative commercial research.

Further information is available at: http://www.ukcrc.org/regulationgovernance/modelagreements.aspx

The mCIA has been extremely well accepted by the centres we have worked with and we have had no amendments to it with any centres. The great thing is we can comply with it and it makes clear reference to the device regulations and guidance.

Chief Executive Officer, Medvance Ltd (UK Medical Device CRO)

The Association of the British Pharmaceutical Industry (ABPI) figures (2008) have shown that in Scotland the use of the unmodified mCTA has cut the average trial start up time in half to 64 days compared with 114 days when modifications are requested. All Scottish sites recently reported that they are using the completely unmodified mCTA. In their response to the recent review of the terms of the mCTA, the ABPI said that: “ABPI members find the use of the mCTA to be of great benefit.”
The Research Passport is designed to be a consistent and streamlined system for issuing honorary research contracts to researchers who do not have a contractual relationship with the NHS/HSC. It shortens study start-up times and can save valuable time and resources on the part of Human Resources (HR), R&D departments and researchers by relying on existing pre-engagement checks and assurances from substantive employers. It also promotes consistent use of honorary research contracts by the NHS/HSC and its partners, and provides clear guidance on their use.

The Research Passport can be accessed online, and forms part of the Research in the NHS - Human Resource (HR) Good Practice Resource Pack, which describes the Research Passport and other standardised procedures for handling the HR arrangements for researchers. It was developed under the umbrella of the UKCRC by the NHS R&D Forum and the four UK Health Departments in discussion with universities and the Medical Schools Council.
Before the introduction of the Research Passport system, researchers working across multiple NHS/HSC sites often needed to get a new honorary research contract from each host organisation. Each contract required several pre-engagement checks, for example occupational health and Criminal Records Bureau checks. This often slowed down the start of a study.

**Further information** on the Research Passport can be accessed online at: [http://www.nihr.ac.uk/systems/Pages/systems_research_passports.aspx](http://www.nihr.ac.uk/systems/Pages/systems_research_passports.aspx)
Examples of how the initiatives can fit together to support researchers

These diagrams show two fictional scenarios to illustrate how the initiatives described in this booklet can help to facilitate clinical research.

- **University Chief Investigator for multi-centre clinical trial of an investigational medicinal product with study sites across Scotland, Northern Ireland and Wales**
- **Medical device company researcher who is conducting an investigation of their new device in sites throughout England and Scotland**
Engaging with regulatory change

Research organisations, researchers and the health service providers need to understand and be involved in regulatory changes around health and social care research. Hence the UKCRC Partners remain committed to:

- Promoting consultation and debates on UK regulatory and governance issues
- Engaging with, and influencing, European regulatory developments at the earliest stages.

This is achieved through the sharing of information on emerging European legislation and assessing the likely impact on research in the UK and, where appropriate, coordinating efforts to inform the development of new regulations.
The activities described in this booklet are supported by: