STANDARD OPERATING PROCEDURE 45

Document Management

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Contents

Revision Chronology:	Effective date:	Reason for change:
Version 1.0	2 December 2022	New SOP to detail best practice for document management.

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Document Management

1. Purpose and Scope

The purpose of this SOP is to detail the management and control of essential and study specific research documents, including administrative, clinical and data management documents which meet the criteria for essential documents as described in the ICH Guidelines for Good Clinical Practice.

The purpose of "control" is to assure that documents used in more than one location are a) properly situated where needed, and b) can be withdrawn and re-issued when changed, assuring that only current, non-obsolete versions of the documents are in place.

Examples of study specific documents include (but not limited to):

- Protocols
- Participant information sheets (PIS)
- Informed consent forms (ICF)
- GP letters
- Study specific working instructions
- Study advertisements
- Data collection media – e.g., case report forms
- Participant diaries

This SOP is applicable to all staff working on research studies who are responsible for the creation and maintenance of essential and trial/study specific documents.

2. Definitions

Essential documents	Documents which individually and collectively provide the primary quality system for validating the safe and appropriate initiation and conduct of clinical trials, compliance with the study protocol and the quality of data obtained. The filing of essential documents in an orderly manner greatly assists the smooth running of a project and any research evaluation and/or audit by a sponsor or regulatory authority (such as the MHRA). Please see SOP 11 'Essential Documentation: Creation and Maintenance of Trial/Study Master and Investigator Site Files' to specify the types of essential documents.
Controlled Document	Written or electronic information or templates that are used to convey or record information, which is managed within a tightly controlled process that maintains the integrity of the document's content through approval and revisions. A document must be controlled if an unapproved change may result in a process being performed incorrectly. For the purposes of this SOP, the term "document" (or "documentation", etc) refers to a controlled document, unless specifically stated otherwise.
Trial/Study Specific Document	For the purpose of this SOP this term refers to any documentation created by a trial/study team and/or study Sponsor that is specific only to that trial/study.
Document review	A checking process, performed by an expert (the reviewer) in the procedure that ensures the document is fit for purpose.

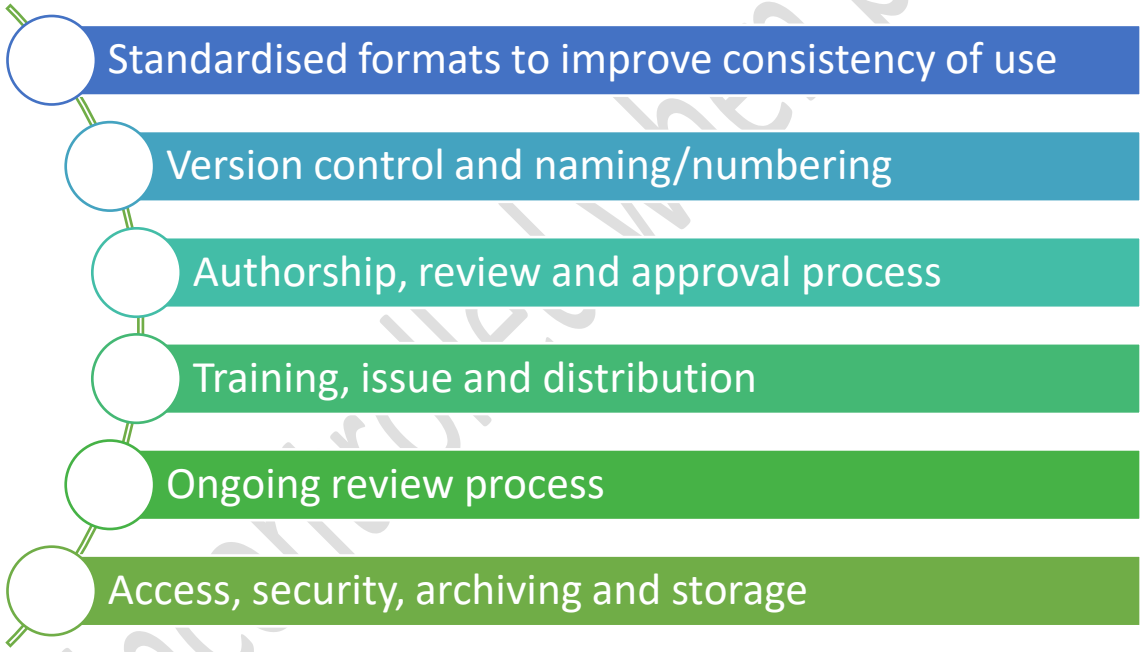
Document approval	A process whereby a document is certified as ready to be used
Issue	A process whereby an approved document is made available to users
Effective date	Date on which a new or revised version comes into force. This may be later than the issue to date to allow for training or any comments to be actioned.

3. Background

Good documentation and document control is essential for ensuring the safety of participants and quality of data. It must be possible to track any document to demonstrate approved, current procedures were used by trained staff. All documents must also be prepared to meet regulatory and local requirements.

Different types of documents will need different levels of control. Some documents may not be formally controlled however, procedures should be in place to ensure these are updated regularly and only current versions are accessible. For other documents such as study protocols it is essential that only the current approved version is used, therefore a high level of control is required.

The key elements of controlling documents are described below, and include:



Systems used to control documents may vary according to the nature and purpose of the document and its location.

4. Procedure

4.1 Responsibilities

Chief Investigator:	• Ensure that all controlled and essential documents required for the research trial/study contain the most current and relevant information, are accessible and fit for purpose • Ensure documents are appropriately managed and controlled • Ensure staff are appropriately trained in the use of the documents

Sponsor	• Ensure that all controlled documents related to clinical research are approved and follow the guidelines for version control, naming of documents and are in the correct format • Support the CI with implementation and training where required • Ensure that documents are being followed.
Trial/study team	• Team members should be trained and competent to perform the process outlined in a document, and that training is documented • Staff should not deviate from a working practice document. If staff become aware that a document is out of date or inaccurate, they must report this to the CI and/or Sponsor • If a deviation occurs, follow the procedures detailed in SOP 31 'Handling non-compliances, research misconduct and serious breaches of GCP and/or Study Protocol' • Manage document approvals appropriately

4.2 When?

Good document management practices are required throughout the duration of a trial/study to ensure accurate and up to date information is available and the current version of each document is easily identified. Management and oversight of Trial/Study Master Files (T/SMF) is essential from set up to final archiving of a project.

Controlled documents should be reviewed periodically or as required by circumstances (e.g., changes to UK legislation, university policies)

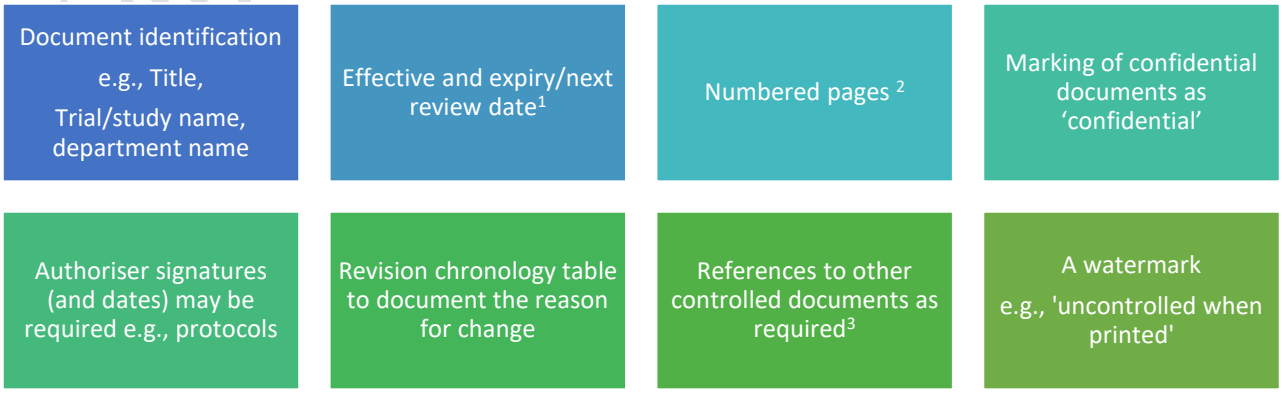
4.3 How?

4.3.1 Use of standard templates

A number of template documents have been produced and are available via the WCTU 'Templates, Checklists and Guidance' web page. These include templates for protocol writing (for both CTIMPs and non-CTIMPs), Development Safety Update Reports (DSUR), Case Report Forms (e.g., safety reporting forms) and letters. Guidance on content is also included in many of the templates.

Use of standard templates should be considered where available to ensure clarity and consistency.

When developing controlled documents, the following items should be considered for inclusion:



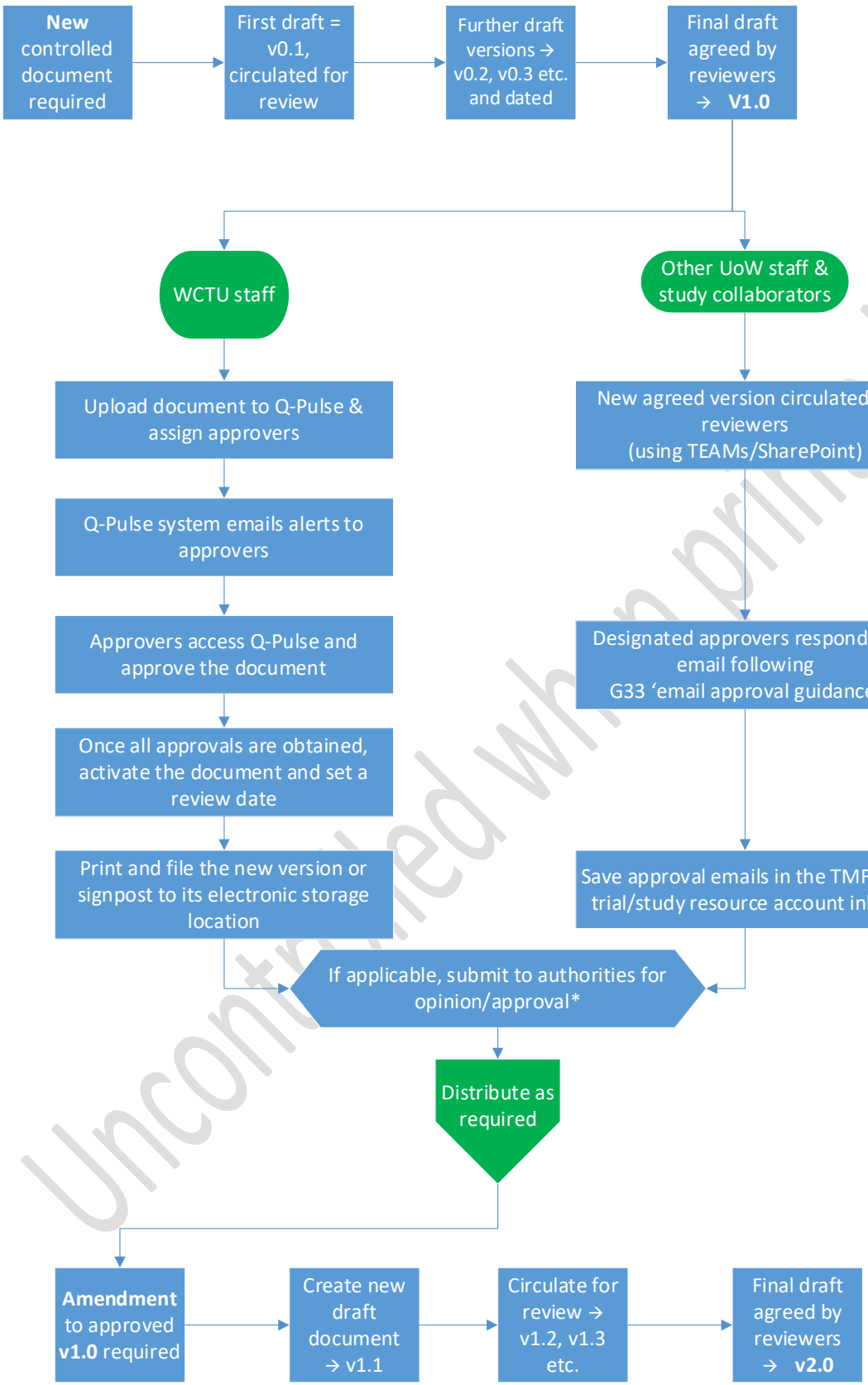
1. It may also be necessary to include the date of issue.
2. It's recommended that pages are numbered as 'Page X of Y'
3. State: 'see ''*document title*'' for further information'.

4.3.2 Version control, naming conventions, review and approval process

All documents must comply with a standard numbering system to ensure that only current versions are used. The version number and title must be consistent throughout the document.

Current, in use documents should always have a whole integer as their version number.

Generation, approval and version control process flowchart:



* Where applicable, ensure all internal approvals are obtained **PRIOR** to submission to REC/HRA/MHRA for their review

When saving documents as electronic files, the filename should accurately reflect the document title, using abbreviations and acronyms only if clear. The filename should provide sufficient information to identify the document, including its version number and/or date.

The recommended filename convention in use for research documentation is as follows:

Study/TrialAcronym_DocumentName_Vx.x_DDMonYYYY

4.3.3 Authorship and reviewers

Documents should always be written by appropriately trained and experienced personnel with expertise in the area of the document, where possible templates should be used. Draft documents should be circulated for peer and QA review (as appropriate) before the document can be approved.

See the table below for suggested reviewers within WCTU for Key Trial Documents (not all reviews will need to include all roles, select appropriate reviewers depending on the nature of the text changes).

N.B. ALL versions of key trial documents must be approved by the CI. (Working Instructions may be approved by the TC/SPM). For WCTU/R&IS staff who are involved in the review of a document, they will also be included on Q-Pulse as an 'approver' but are actually signing as a reviewer as Q-Pulse does not distinguish between the two tasks.

It is expected that the Trial Management Group will discuss ALL of these documents and minute the relevant discussion points.

DOCUMENT	SPM	QA	TRIAL MANAGER	STATISTICIAN	HEALTH ECONOMIST
PROTOCOL (SOP 4) (and amendments)	x	x	x	x *Note: for statistical elements a second statistician should check essential calculations.*	x
PIS/CFs (SOP 7) (and amendments)	x	x	x		
CRFs (SOP 16) (and amendments)		x [Safety & non-compliance CRFs only]	x	x	x
RISK ASSESSMENT/MONITORING PLAN (SOP 18)	x	x	x	x	
SAP (SOP 21)				x (other than author)	
PUBLICATION & DISSEMINATION	x		x	x	x

(SOP 22)	(if named author)		(if named author)	(if named author)	(if named author)
ECONOMIC EVALUATION CONSIDERATIONS (SOP 33)					x (other than author)
DATA MANAGEMENT PLAN (SOP 15)	x	x	x	x	x (If contains reference to entry of HE)

All reviewers/approvers should have the relevant experience and knowledge of the process to enable them to permit the document's use.

To ensure clarity and validity when approving documents via email, G33 guidance stipulates that the email should contain the following information in the body or title of the email:

- Study/Trial name
- Title of the document,
- Version number and date (this should be final and not a draft)

The email approval should come from a professional email address where possible so that it is clear who the email has come from.

4.3.4 Training, issue and distribution

Before a new or revised controlled document can be used, all users should be made aware of and, if necessary, be trained in the new version. Any relevant training should be documented in the individual's personal training record and/or in a central trial/study specific training record, as appropriate.

The Q-Pulse system can be used to distribute documents by adding copy holders who should read and acknowledge they have read and understood the information into the document record.

4.3.5 Document review process

During the lifetime of a study, it may be necessary to review / update documentation in line with new information or trial/study procedures. This should be carried out in a timely manner to ensure relevant information is available for study teams.

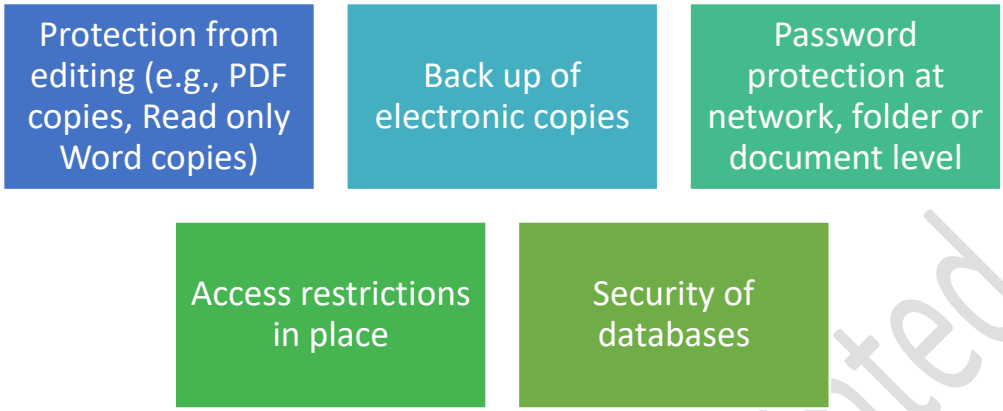
Some documents will have set review periods e.g., SOPs, but all essential and controlled documents should be regularly reviewed and updated when any changes to requirements/processes are made. Other related documents should be cross-checked to ensure they are consistent with any revised documentation (e.g., check PILs/consent forms match new protocol requirements).

4.3.6 Access, security, archiving and storage

Access: Current versions of documents should be clearly identifiable to document users. For electronic documents the current version should be in a read only format (pdf copies are commonly used). Access controls may be required to ensure only authorised staff can view/amend specific documents.

Documents may be limited to a read-only format to protect them against unauthorised changes to the document, as well as to be available for historical data review.

Security: measures for electronically held documents should include:



Archiving/Retention: The retention time and archiving method will be included in the trial/study protocol and archived in accordance with Warwick SOP 23 'Archiving'. Long term archiving of trial/study related documents will be arranged in line with UoW policies and storage of paper copies must ensure that environmental protections are in place to prevent damage from moisture/fire.

Security and Storage: Hard copies of current trial documents should be kept in secure lockable storage, such as filing cabinets or controlled access offices.

Controlled documents should be stored in an area or room restricted to authorised individuals only.

If the controlled documents are also essential documents, they should be retained in the Trial/Study Master File (T/SMF).

Superseded copies of paper documents should be retained in the trial/study files and the front page struck through and marked as "superseded" across the front page.

To clearly indicate this particular version is no longer in use. The new effective document should be filed at the front, and any logs of current documents should be updated.

The current editable Word and PDF versions should be maintained in the shared workspace (Shared drive, TEAMs, SharePoint) as 'Current version' with limited access. Previous versions of the document must be clearly identifiable from the current versions.

Obsolete documents that are retained for reference or legal obligations must be kept separate from active documents.

WCTU staff using Q-Pulse can move the document record to the 'obsolete' register when they are no longer in use. This retains a copy which can be retrieved for reconstruction activities if required.

At least one copy of all obsolete documents must be archived.

Documents will be **archived** in electronic storage to:

- Prevent their continued use
- Facilitate easier access for retrieval purposes

4.3.7 Externally produced documents

Many documents used in clinical research are likely to have been produced by external authors/ organisations e.g., guidelines (e.g., ICH GCP) and equipment manuals. It is the responsibility of the user to ensure they are working from the current version.

List of abbreviations

CI	Chief Investigator
CTIMP	Clinical Trial of an Investigational Medicinal Product
DSUR	Developmental Safety Update Report
GCP	Good Clinical Practice
ICF	Informed Consent Form
ICH	International Conference on Harmonisation
MHRA	Medicines and Healthcare products Regulatory Agency
PIS	Participant Information Sheet
QA	Quality Assurance
R&IS	Research & Impact Services
SOP	Standard Operating Procedure
T/SMF	Trial/Study Master File
WCTU	Warwick Clinical Trials Unit