

# SAGACITY

December 2010  
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**Scientific Archivists Group**  
Promoting Excellence in Records Management







# Relevant communications Guidance Document & GCP-RMA Paper on Relevant Communications

Liz Hooper and Russell Joyce



## Relevant Communications Guidance Document

### Introduction

1. This document is intended to supplement the ICH Guideline for Good Clinical Practice section 8.3.11 "Relevant Communications Other Than Site Visits".
2. In particular, to provide guidance on how to decide whether a communication is 'relevant' or not.

### What is a communication?

1. A communication may comprise a letter, email, telephone contact, fax or meeting minutes.
2. Some forms of 'communication' are ICH-GCP documents in their own right, e.g. a letter from a Regulatory agency giving approval is not filed as correspondence but as 'regulatory approval'.
3. All communications (including emails) should be business like and not contain personal information. They should be professional, courteous, not chatty, only discuss study matters and one study per piece of correspondence.

### What is relevant

1. Communications that document any agreements or significant discussions regarding:
  - trial administration;
  - protocol violations;
  - trial conduct; and
  - adverse event reporting.
2. When deciding whether an email message constitutes a record, the context and not just the content of the email message needs to be considered. The types of e-mail that may need to be included as a record could pertain to:
  - substantial discussions/exchanges;
  - information distributed to groups of people expected to take action or to comply with instructions, or to raise their awareness of a critical situation, etc.; and
  - agreement(s) to proceed.
3. E-mail messages could provide supporting reasons(s) for a particular course of action being followed. This means that it is necessary to capture not only the e-mail related to the final decision but also any discussions that might indicate the reason(s) for the decision having been reached. For example:

- The decision-making process around whether or not to include a patient into the study, the background discussion of the issues and the manner in which these are addressed might have taken place via e-mail and should therefore be captured and retained safely as part of the record of the decision.
  - Communications that document processes that were followed or decisions that were made where there is no SOP/Policy to support that process or decision, or when the existing SOP/Policy was not followed; and
  - Exceptional/study related circumstances that may occur will require retention of related communications. The Study/Project Manager (that is, the person who is responsible for the study) must assess relevance on a case-by-case situation.
4. To ensure legal admissibility, preserve provenance and integrity, and to capture header metadata, e-mail messages should be saved in their native format (e.g. MS Outlook e-mails should be saved as a .msg file). This holds true for both the initial e-mail and for each subsequent receipt and response. The reason is that when using the "Reply" or "Forward" function, header information is embedded into the response as alterable text and may therefore be changed. When converting to other formats e.g. Portable Document Format (pdf) or Extensible Markup Language (xml) ensure, where possible, that the header metadata is retained.

### What is not relevant

1. Communications related to a decision captured elsewhere in a formal document held within the TMF need not be kept e.g. attendance at teleconferences, which is captured in meeting minutes.
2. Ephemeral (transient/temporary) communications should not be kept. Ephemeral documents are defined as documents of a trivial nature and therefore not business-critical) or of such short-term value that they do not support or contribute to the decision making process or any outcomes. These records are generally only needed for a few hours or a few days

e.g. an email invitation to a meeting. In broad terms, ephemeral documents include:

- documents of a routine or trivial nature;
- documents that duplicate (or extract) information already held elsewhere; and
- documents with little or no value as a record of compliance (or non-compliance) with Good Clinical Practice.

### Location of Relevant Communications within the TMF

1. Relevant communications should be filed in the TMF in a way that allows for ease of retrieval. Three approaches are suggested;
  - File all communications in one dedicated "communications" section in the TMF.
  - File communications according to the subject to which they relate eg communications related to drug supplies are filed with other drug supply records (rather than in a separate communications section).
  - Use a hybrid system, filing some communications according to the subject to which they relate (e.g. for those areas considered to be of critical importance such as Regulatory, Ethics etc.) and filing other communications in an "Additional Communications" section.
2. Where using a "communications" section either for all correspondence or according to the hybrid system, we recommend subdividing by "Internal communications", "Third Party Communications" and (if relevant for CROs) "Sponsor Communications".
3. Subdivisions such as these enhance ease of retrieval when faced with a large number of communications. Whichever option is chosen it should be remembered that regulatory inspectors require trial document to be "readily available, upon request, to the competent authorities". The filing system should therefore facilitate easy and rapid location of document requested by the competent authorities.

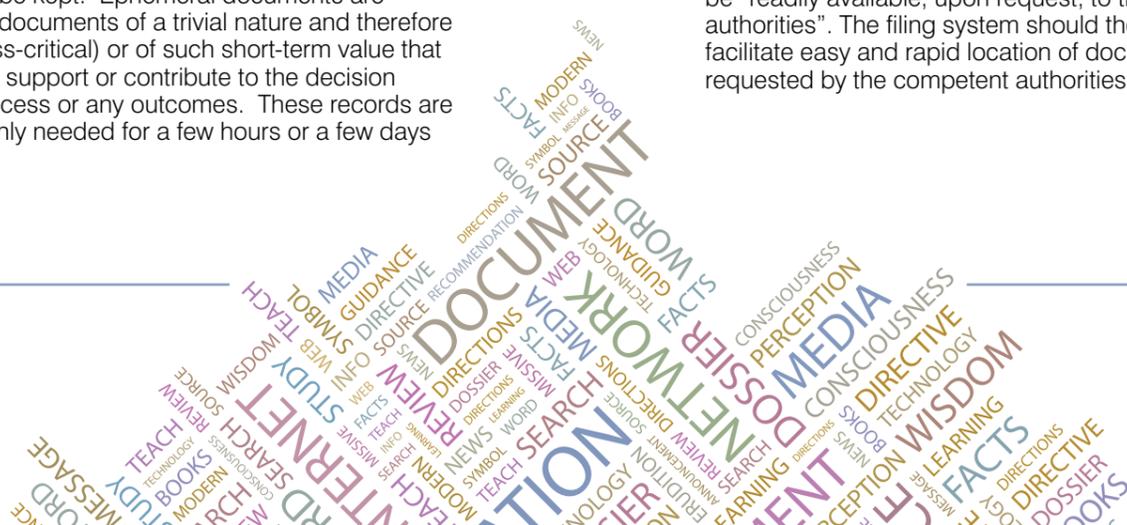
## GCP-RMA Paper on Relevant Communications

The GCP – RMA originally started life as a working party of the European Forum for GCP in 1992 and ran a session on Records Management at the inaugural conference of the EFGCP at the European Parliament in 1993. The aim of the working party was to look at Records Management and particularly Trial Master Files across Sponsor, CROs and investigator sites to establish standards and best practice. A paper on Retention of Clinical Trial Records at Investigator sites was published through EFGCP in 1993.

The group left the umbrella of EFGCP in 2001 and established itself as an independent Association. It has members working within Clinical research as Records Managers or archivists, from many of the leading pharmaceutical companies, all working within Europe. Members are not accepted from outside Europe.

It is still a very small, specialised Association, with only about 30 members. However, the small size works in the Association's favour as it operates through regular discussions and meetings, rather than via newsletters and journals. For example, there are monthly telephone conference calls to discuss relevant topics e.g. recently issued guidelines or legislation; upcoming conferences, training courses and meetings; issues of specific interest to individual members. There are also face to face meetings, usually two per year. The format of the meetings is based around discussion and the free exchange of experiences and ideas. The Association endeavours to track any relevant legislation or proposed legislation and working papers to comment on the proposals from a Records Management point of view. For example, they recently provided comment to the New Zealand Ministry of Health regarding proposed GCP guidance. All members agree to a non-disclosure clause to encourage frank debates.

There have been several small work streams looking at specific Records Management problems, which when finalised are added to the group's web-site. The website is [www.gcp-rma.org](http://www.gcp-rma.org). In addition to publishing position papers on this website, the Association has published papers in a number of professional journals. The following paper was produced two years ago by a working committee led by Sarah Hitching of Chiltern International.



# GCP Records – Keep Them Forever

Eldin Rammell



One of the key responsibilities of an archivist or records manager is to help define the most appropriate retention period for each record series for which he/she is responsible.

There are a wide variety of methods that can be used to appraise records and set retention periods (for example, see **Managing Records: A Handbook of Principles and Practice**, Shepherd & Yeo, 2003). Whichever method is used, it should take account of the value of the content to the organisation, any legal requirements for record retention and any regulatory requirements for record retention. The challenge for managing records related to clinical trials on medicinal products is that the regulatory framework is not always fully understood. This brief article is intended to provide clarity regarding the GCP regulatory requirements for record retention. To determine which regulations are pertinent, I shall review the primary regulations in a chronological manner.

Prior to the introduction of Good Clinical Practice guidelines, the most common retention period in place was 15 years although only a period of 5 years was mandated by European Directive 75/318/EEC. GCP was first published in Europe in 1995 as **CPMP/ICH/135/95 Note for Guidance on Good Clinical Practice**. It was approved by the CPMP in July 1996 to be effective for any studies commencing after 17 January 1997. These guidelines state:

*The sponsor should retain all sponsor-specific essential documents in conformance with the applicable regulatory requirement(s) of the country(ies) where the product is approved, and/or where the sponsor intends to apply for approval(s).*

*The sponsor-specific essential documents should be retained until at least 2 years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period, however, if required by the applicable regulatory requirement(s) or if needed by the sponsor.*

And for the investigator:

*Essential documents should be retained until at least 2 years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should*

*be retained for a longer period, however, if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the investigator/institution as to when these documents no longer need to be retained.*

The minimum period is therefore 2 years following project discontinuation/termination or 2 years after the last marketing approval in one of the ICH member countries.

ICH GCP was embedded into European legislation with the issue of the GCP Directive, 2001/20/EC on 4th April 2001. This Directive does not however provide any specific requirement with regards to record retention

other than requiring compliance with the principles of good clinical practice. The Directive states:

*The detailed guidelines on the documentation relating to the clinical trial, which shall constitute the master file on the trial, archiving, [...] shall be adopted and revised in accordance with the procedure referred to in Article 21(2).*

In other words, Directive 2001/20/

EC states that records shall be retained in accordance with the principles of ICH GCP and that more detailed guidance will be forthcoming. It took a further 5 years for the guidance to appear!

Directive 2001/83/EC, otherwise referred to as the Clinical Trials Directive, was issued on 6 November 2001. The main area of relevance for us is Annex I (Analytical, Pharmacotoxicological and clinical standards and protocols in respect of the testing of medicinal products). Part 4 of Annex I concerns requirements for clinical documentation and includes the following:

## Archiving

*The marketing authorization holder shall make arrangements for archiving of documentation.*

- The investigator shall arrange for the retention of the patient identification codes for at least 15 years after the completion or discontinuation of the trial.*
- Patient files and other source data shall be kept for the maximum period of time permitted by the hospital, institution or private practice.*
- The sponsor or other owner of the data shall retain all other documentation pertaining to the trial as long as the product is authorized. These procedures shall include:*

- the protocol including the rationale, objectives and statistical design and methodology of the trial, with conditions under which it is performed and managed, and details of the investigational product, the reference medicinal product and/*

*or the placebo used,*

- standard operating procedures,*
  - all written opinions on the protocol and procedures,*
  - the investigator's brochure,*
  - case report forms on each trial subject,*
  - final report,*
  - audit certificate(s), if available.*
- d) *The final report shall be retained by the sponsor or subsequent owner, for five years after the medicinal product is no longer authorized.*

The requirements of this Directive were superseded however on 25th June 2003 for trials that support marketing applications with the issue of Directive 2003/63/EC. This newer Directive specifically states that the old Annex I contained in Directive 2001/83/EC is now replaced by the Annex contained in 2003/63/EC for covered studies. This new Annex I states:

*Marketing authorisation holders must arrange for essential clinical trial documents (including case report forms) other than subject's medical files, to be kept by the owners of the data:*

- for at least 15 years after completion or discontinuation of the trial,*
- or for at least two years after the granting of the last marketing authorisation in the European Community and when there are no pending or contemplated marketing applications in the European Community,*
- or for at least two years after formal discontinuation of clinical development of the investigational product.*

*Subject's medical files should be retained in accordance with applicable legislation and in accordance with the maximum period of time permitted by the hospital, institution or private practice.*

It is usually interpreted that the above paragraphs apply to the records **at the investigator site** because (a) they specifically mention case report forms, (b) they specifically mention subject medical files, and (c) the phrase "must arrange for" is used, implying someone other than the sponsor. Thus, the minimum retention period for investigator trial records in support of marketing applications is 15 years, but longer if bullet 2 or 3 go beyond 15 years.

*The documents can be retained for a longer period, however, if required by the applicable regulatory requirements or by agreement with the sponsor. It*

*is the responsibility of the sponsor to inform the hospital, institution or practice as to when these documents no longer need to be retained.*

This paragraph highlights the need to check any other applicable regulatory requirements (including any issued subsequent to 2003/63/EC). Annex I continues:

*The sponsor or other owner of the data shall retain all other documentation pertaining to the trial as long as the product is authorised. This documentation shall include: the protocol including the rationale, objectives and statistical design and methodology of the trial, with conditions under which it is performed and managed, and details of the investigational product, the reference medicinal product and/or the placebo used; standard operating procedures; all written opinions on the protocol and procedures; the investigator's brochure; case report forms on each trial subject; final report; audit certificate(s), if available.*

*The final report shall be retained by the sponsor or subsequent owner, for five years after the medicinal product is no longer authorised.*

*In addition for trials conducted within the European Community, the marketing authorisation holder shall make any additional arrangements for archiving of documentation in accordance with the provisions of Directive 2001/20/EC and implementing detailed guidelines.*

These paragraphs requires the sponsor to retain any document that could be interpreted as being trial-related – "all other documentation pertaining to the

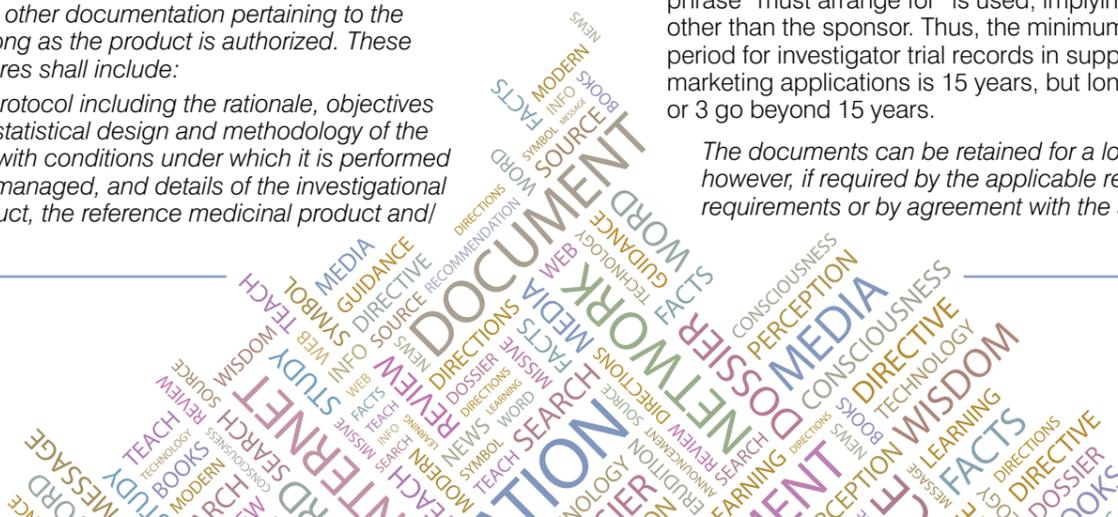
trial"- for as long as the product to which it pertains is authorised for sale. The examples quoted in the Directive include document types which are not specifically included in the minimum list of essential documents in ICH GCP Chapter 8 (for example, written opinions on the protocol and procedures). It can therefore safely be concluded that 2003/63/EC specifically widens the scope of records required to be retained beyond just the minimum list of essential documents. This interpretation forms the basis of the DIA TMF Reference Model, for example. This Directive again refers to "implementing detailed guidelines" which were not available for another 3 years.

Some additional clarification was provided with the issue of Directive 2005/28/EC on 8th April 2005, included in Chapter 4 (The Trial Master File and Archiving). Article 17 of Directive 2005/28/EC states:

*The sponsor and the investigator shall retain the essential documents relating to a clinical trial for at least five years after its completion.*

*"The challenge for managing records related to clinical trials on medicinal products is that the regulatory framework is not always fully understood."*

*It can therefore safely be concluded that 2003/63/EC specifically widens the scope of records required to be retained beyond just the minimum list of essential documents.*







# Autumn Conference AGM and Members Session

October 2010, Birmingham

## 1. Constitution Update

The Chair informed the group that the constitution was reviewed at the July committee meeting and no changes were suggested.

## 2. Committee Positions

- The group was updated on who had taken the positions which were up for election this year.
- Executive positions are for a three year term, the following people were unopposed  
**Vice chair – Mary Paul**  
**Treasurer – Richard Pennicard**
- Ordinary member positions are for a two year term, the following person was unopposed  
**Ordinary member – Russell Joyce**
- European Liaison – Britta Krusemeyer has agreed to take up this position for a further two year term.
- The Chair informed the group that in 2011 the terms of the chair and five ordinary members comes to and end. More information will be shared with the membership in due course

## 3. Treasurer Update

- The Treasurer handed out copies of the 2009 reviewed accounts and gave a summary to the group.
  - Current account: £4221.03
  - Deposit account: £28185.84
  - Euro account: €6243.79
  - We have applied to become a limited company, further information will follow
  - Membership fee will stay the same for 2011 at £50/€80
  - The Treasurer invited questions:
- Q) Are we going to be able to use a credit card to pay for membership fees and conferences.
- A) This requires enhancements to the SAG web site, the requirements for this and the costs are being developed in partnership with our web site developer

## 4. Membership update

- The membership secretary gave the statistics for the groups membership
- We have had membership cards in the past but have decided in 2010 that certificates of membership would be better, as people can add these to their work files
  - The membership directory is now published on the SAG web site rather than being sent out as a hard copy. This was decided as it would save the group money, it could then be quickly and easily

- updated and every member would have access
- Renewals will be emailed out in November 2010
- Date for receipt of payment should be by the end of January 2011
- Reminders will go out in February 2011
- Non responders will be treated as non renewals at the end of March 2011, this will enable an accurate membership directory for 2011 to be published in April

## 5. 2011 Spring Conference

- The group were informed that the spring 2011 conference would be held in Bournemouth at the Royal Bath Hotel on 12th & 13th May 2011 at a cost of approx £285 or €340
- Potential topics: *ISO15489 workshop part two*  
*DEFRA*  
*Lab books*

## 6. Electronic archiving working party

- The Chair informed the group of the committee's decision to put a working party together to write a set of guidelines on e-archiving. Tim Stiles has volunteered to lead the working party
- The Chair gave a brief outline of the scope
- The group was asked how they felt about this and if anyone would be interested in being part of the working party. The response was very positive and two people came forward at the meeting
- The group was asked to inform any member of the committee if they were interested and their name would be given to Tim. In addition, an email will be sent to all SAG members to outline the scope of the working party, and requesting those with an interest in participating to contact Tim.
- Depending on the level of interest not everyone who comes forward will be part of the working party
- The committee will decide how to publish and disseminate the output of the working party.

## Questions

- Q) Will preclinical be included  
A) Nothing is out of scope at present
- Q) Do we know what the time commitment will be  
A) Not at this point

## Ideas

- Validation should be in the scope
- There should be a balance between technical and non technical on the working party
- The full lifecycle should be considered, including destruction.

## 7. AOB

- Q) Has anyone had experience with human tissue act  
A) It has a 30 year retention period. The facility has to have a licence. The 30 years start when the human tissue is used.
- Inspections are most commonly now conducted at the full time of 27 months.



# SCIENTIFIC ARCHIVISTS GROUP

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Web Site: [www.sagroup.org.uk](http://www.sagroup.org.uk)

E Mail: [saginfo@sagroup.org.uk](mailto:saginfo@sagroup.org.uk)

## MEMBERSHIP APPLICATION FORM FOR CALENDAR YEAR 2011

Full membership is open to individuals with an interest in Archiving, Document and Records Management

Please return completed registration form, together with payment to:

R Pennicard, SAG Treasurer,  
c/o Selcia Ltd,  
Fyfield Research and Business Park,  
Fyfield Road, Ongar,  
Essex, CM5 0GS,  
U.K.

Payment can be made either by:

- Cheque (£50 Sterling) – made out to **Scientific Archivists Group**
  - BACS transfer (£50\*) to our Sterling bank account
  - BACS transfer (€80) to our Euro bank account
  - \*£55 for payments from outside of the UK to our Sterling account, to cover bank charges.
- Bank details are shown below.

SAG is approved by HM Revenue and Customs under section 344 of the Income Tax (Earnings and Pensions) Act, for income tax relief in respect of annual membership subscriptions. A copy of the HMRC letter is in the members area of the SAG website.

## PERSONAL DETAILS

Name	
Job Title	
Company Name	
Address	
Tel No. Fax No.	
E Mail Address	
Discipline (tick those that apply)	GMP <input type="checkbox"/> GLP <input type="checkbox"/> GCP <input type="checkbox"/> GPvP (pharmacovigilance) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....
How did you hear about the group?	

## Bank details for BACS payments

Sterling Payments	EURO Payments
Natwest Bank Plc	Natwest Bank Plc
Acc No: 92106293	Acc No: 550/00/64500632 NXNBBNDK-EUR00
Sort Code: 01-09-69	Sort Code: 01-09-69
BIC: NWBK GB 2L	BIC: NWBK GB 2L
IBAN: GB68 NWBK 0109 6992 1062 93	IBAN: GB85 NWBK 6072 0264 5006 32

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