SAHPRA
SOUTH AFRICAN
HEALTH PRODUCTS
REGULATORY AUTHORITY

INVESTIGATOR WORKLOAD IN CLINICAL TRIALS

This document has been prepared to guide the industry on the expectation of SAHPRA and inform reviewers on the capacity of investigators to safely conduct clinical studies. This guideline represents the SAHPRA current thinking on measures to protect the participants and ensure safe conduct of clinical trials. SAHPRA reserves the right to make amendments in keeping with current knowledge. Guidelines and application forms are available from the office of the SAHPRA CEO and the SAHPRA website.

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1 INTRODUCTION

Clinical research has undergone a remarkable and beneficial expansion in the past 25 years, but with this growth has come an unprecedented increase in both the clinical as well as the administrative workload for investigators. This "investigator overload" is, however, potentially counterproductive to the protection of human participants in clinical trials. The value of the Clinical Trial Industry to the South African economy is, however, unquestionable. It is both a major source of foreign revenue and employment for the country. Moreover, undertaking clinical trials in South Africa helps to retain and increase valuable clinical research expertise, as well as playing an important role in the teaching of healthcare professionals.

A key factor in the current set-up is the ascendance of multicentre, multinational clinical trials run by individual pharmaceutical companies or by clinical research organisations (CROs) as the dominant form of clinical research. Most CROs, as well as pharmaceutical companies, are not fully capacitated to handle the rapidly increasing number of multicentre, multinational clinical trials. Furthermore, the practice of allocating a large number of such clinical trials to the same South African sites and Principal investigators (PIs) tends to monopolize resources to these same sites and investigators without promoting diversity, capacity building, and knowledge transfer, and potentially could jeopardize patients' safety due to "investigator overload".

Participation in clinical trials is mainly determined by the initial motivation of the practitioners motivated by affiliation to an academic research group, interest in the research topic, research experience, and other factors such as financial incentives, new knowledge assimilation, teaching and growth opportunities.

The current South African Good Clinical Practice (GCP) Guidelines have been developed to promote good practice in the conduct of clinical trials in South Africa. These guidelines provide a basis both for the scientific and ethical integrity of research involving human participants and for generating valid observations and sound documentation of the findings. These guidelines not only serve the interests of the parties actively involved in the research process, but also protect the rights and safety of participants, and ensure that the investigators are sensitised toward the advancement of public health objectives.

Achievement of scientific goals, however, must be secondary to the protection of research participants. As such, the outcomes of clinical trials are only acceptable when conducted in an ethical and scientifically sound way. It is widely accepted that all clinical research participants are entitled to minimum entitlements that are non-negotiable. These can be realised through in-country systems and structures that support and promote good clinical practice.

2 COMPETENCIES AND RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR

According to the South African GCP Guidelines, the conduct of clinical trials with human participants stipulates the competencies and responsibilities of the Principal Investigator (PI).

2.1 Investigator competence

The welfare and personal integrity of the participants is the responsibility of the PI, therefore s/he must be clinically, scientifically, logistically and ethically competent.

The safe conduct of clinical trials is not only dependent on these factors but also include ensuring that there are adequate human and infrastructural resources available for the conduct of the clinical trial.

The PI should maintain a list of appropriately qualified persons including at least one GCP-trained sub-investigator, to whom s/he has delegated significant trial-related duties.

2.2 Resources

The principal investigator should:

2.2.1 be able to demonstrate a potential for recruiting the required number of suitable participants within the agreed recruitment period;

2.2.2 have sufficient time to properly conduct and complete the trial within the agreed trial period;

2.2.3 have available an adequate number of suitably qualified staff including at least one GCP-trained sub-investigator and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.

3 ORGANISATIONAL ASPECTS

Planning for participant recruitment should be part of the overall trial design. In approving the trial, SAHPRA must satisfy itself that there are adequate resources for the conduct of the trial at the site, including:

3.1 Qualifications and experience of the investigational team in the relevant clinical field of study.

3.2 Documentation describing the distribution of duties and functions for the conduct of the trial.

3.3 Compatibility of the workload of the investigative staff with the requirements of the study.

3.4 Compliance with the planned time schedule for the study.

3.5 Numbers of clinical trials previously performed and their nature (e.g. phases of clinical trials).

3.6 Proportion of time allocated to clinical trial work versus other activities e.g. teaching, administration, routine clinical work.

Principal Investigators should primarily be sought among those who are already active in relevant professional fields, and who have a strong interaction with academic research. The research topic, research experience, and other factors are also likely to influence patient recruitment. The purpose of the Workload Table is to inform SAHPRA of the capacity of all potential investigators to safely and effectively conduct the planned study, please refer to annexure A.

4 REFERENCES

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Directive 2001/20/EC on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use.

Directive 2005/28/EC laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such product.

Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use, as amended.

Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004. laying down Community procedures for the authorisation and supervision of medicinal products.

5 UPDATE HISTORY

Date	Reason for update	Version & publication
April 2019	First publication released for comment	v1, May 2019
31 May 2019	Deadline for comment	

Annexure A: Workload form

WORKLOAD TABLE					
Study Title					
Protocol number					
Phase of study					
Investigator (Title, Name and Designation i.e. PI or sub-I)					
Organisation (University, Research Unit ,CRO, Private Practice)					
Area of Research (e.g. oncology, cardiology)					
NUMBER OF CURRENT STUDIES OF INVESTIGATOR'S INVOLVEMENT					
Role (Principal Investigator or Sub-Investigator)	**Number of participants responsible for in active studies**	**Number of participants responsible for in follow-up studies**	**Number of active clinical trials**	**Number of clinical trials in follow up**	
Principal Investigator					
Sub-Investigator					
ESTIMATED TIME PER WEEK			Hours	%	
Clinical trials	Clinical work (patient contact)				
	Administrative work				
Organisation 1 (e.g. Private practice / University / Governmental)	Clinical / Routine work				
	Teaching				
	Administrative work				
Organisation 2 (e.g. Private practice / University / Governmental)	Clinical / Routine work				
	Teaching				
	Administrative work				
Other					