TITLE	Monitoring of Research Policy
SETTING	All Staff, Honorary appointments, VMOs, Students, Sponsors, Contract Research Organisations and Collaborating Institutions engaged in research approved by the Cabrini Research Governance Office.

PURPOSE

This policy describes the process for monitoring human research approved by the Cabrini Research Governance Office. It includes the reporting specifications for research undertaken at Cabrini.

ROLES AND RESPONSIBILITIES

The *NHMRC National Statement on Ethical Conduct in Human Research 2025* states each **institution** has ultimate responsibility for ensuring, via its research governance arrangements, that all its authorised research is monitored. Monitoring arrangements should be commensurate with the risk, size and complexity of the research (National Statement 5.4.2).

The Cabrini **Research Governance Office,** and the **Cabrini Research Governance Committee,** monitors ongoing approved research at Cabrini. They both report to the **Cabrini Research Committee** which is a sub-committee of the Board.

The **Principal Investigator** retains the responsibility at the Cabrini site and maintains appropriate supervision of any delegated study specific persons or parties undertaking the activities to ensure the rights, safety and well-being of the study participants and data reliability (ICH GCP).

All **sponsors** of clinical trials conducted in Australia have an obligation to ensure that their trials are designed, managed and monitored in a way that ensures participants are protected and the trial data generated are both reliable and robust (*NHMRC Risk-based Management and Monitoring of Clinical Trials Involving Therapeutic Goods 2018*)

DEFINITIONS

A-CTEC	Australian Clinical Trials Education Centre. A-CTEC is a not for profit, Australia wide, member-based education platform, hosting a suite of evidence- based, interactive clinical trials education opportunities suitable for a range of learning needs. https://actec.myopenlms.net/
APSE	Safer Care Victoria defined incident that results, or could have resulted, in harm to a patient or consumer. SAPSE and sentinel event are a subset of APSE. (See also near miss).
Audit	A systematic and independent examination of trial-related activities and records performed by the sponsor, service provider or institution to determine whether the evaluated trial-related activities are conducted and the data recorded, analysed and accurately reported according to the

	protocol, standard operating procedures (SOPs), Good Clinical Practice (GCP) and the applicable regulatory requirement(s).
Clinical Incident	Unintended or unexpected event(s) that could have or did lead to harm for one or more clinical trial participants/patients receiving care
Collaborating Institution	A university, research institute, external health service or other entity working with Cabrini in connection with a research project.
CRGC	Cabrini Research Governance Committee; meets monthly.
CRGO	Cabrini Research Governance Office Email: researchgovernance@cabrini.com.au https://www.cabrini.com.au/research/research-with-us/ethics-and-governance/
CRO	Contract Research Organisation
CTN	Clinical Trial Notification
CTU	Clinical Trials Unit
GCP	GOOD CLINICAL PRACTICE. A global standard for the planning, initiating, performing, recording, oversight, evaluation, analysis and reporting of clinical trials that provides assurance that the data and reported results are reliable and that the rights, safety and well-being of trial participants are protected.
HREC	Human Research Ethics Committee
ICH	The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
IMP	Investigational Medicinal Product: A pharmaceutical form of an active ingredient or placebo being tested or used as a reference in a clinical trial, including a product with a marketing authorisation when used or assembled (formulated or packaged) in a way different from the approved form, or when used for an unapproved indication, a new patient group or when used to gain further information about an approved use.
Investigator's Brochure (IB)	The document containing a summary of the clinical and non-clinical data relating to an investigational medicinal product that are relevant to the study of the product in humans. Note: In a trial in which the IMP is an approved product, the Product Information may replace the investigator's brochure
IIT	Investigator Initiated Trial.
KPI	Key Performance Indicator
Near Miss	An incident that had the potential to cause harm but didn't due to timely intervention, luck and/or chance.

NHMRC	National Health and Medical Research Council
NCTGF	National Clinical Trials Governance Framework. The NCTGF is an extension of the current hospital accreditation scheme to include clinical trials service (the National Safety and Quality Health Service Standards managed by the Australian Commission for Safety and Quality in Healthcare)
Principal Investigator	The person responsible for the conduct of the research at Cabrini. In the case of a trial being conducted by a team of individuals at the site, the Principal Investigator is the responsible leader of the team.
Reviewing HREC	The Human Research Ethics Committee (HREC) that issued the Ethical Approval for the research. Under the multisite review system a NHMRC certified HREC can review and issue ethical approval for research at multiple sites, including Cabrini. The participating sites are named in the initial Ethical Approval or be added as an amendment to the existing Ethical Approval.
RiskMan™	The electronic incident management system used at Cabrini.
Root Cause Analysis	A systematic process used to review the circumstances around an incident, with the aim of identifying contributing factors - notably, what happened, why it occurred, and what can be done to prevent it from happening again.
SAE	Any adverse event/adverse reaction that results in death, is life-threatening, requires hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly or birth defect.
Serious Breach	A breach of Good Clinical Practice or the protocol that is likely to affect to a significant degree: a) The safety or rights of a trial participant, or b) The reliability and robustness of the data generated in the clinical trial
Sponsor	A company, institution, or organisation that takes responsibility for the initiation, management and financing (or arranging the financing) of the research and carries the medico-legal responsibility associated with its conduct.
Suspected Unexpected Serious Adverse Reaction (SUSAR)	An adverse reaction that is both serious and unexpected.
TGA	Therapeutic Goods Administration. Australia's government authority responsible for evaluating, assessing and monitoring products that are defined as therapeutic goods.
Third Party	Any entity (other than the trial sponsor) wishing to report a suspected breach

Trial Monitoring	Trial monitoring is to oversee the progress of a trial to protect the rights and well-being of trial participants and to give reassurance that the trial protocol and procedures are being followed, that legal/governance requirements are being complied with, and that the critical data collected are reliable.
VMO	Visiting Medical Officer

POLICY

This policy communicates the requirements for monitoring research consistent with the following:

- *NHMRC National Statement on Ethical Conduct in Human Research* (2025),
- the *NHMRC Australian Code for the Responsible Conduct of Research* (2007 and updates),
- the *NHMRC Risk-based Management and Monitoring of Clinical Trials Involving Therapeutic Goods 2018,*
- the National Clinical Trials Governance Framework (NCTGF)

Researchers should also adhere to the most current requirements of the *ICH Note for Guidance on Good Clinical Practice,* and the *National Standard Operating Procedures for Clinical Trials, including Teletrials, in Australia, 2021.*

Researchers must comply with any requests from the CRGO or sponsor in relation to monitoring.

Once a research project has been approved by the Cabrini Research Governance Office, ongoing project monitoring and reporting is required.

All required reporting to CRGO will be acknowledged.

1.0 Amendments

Ethics approval must be obtained prior to the commencement of research and prior to the implementation of any amendment. Retrospective ethics approval of research is not supported by the National Statement or by CRGO.

CRGO accepts the ethics review of research by external Australian HRECs under the national mutual acceptance scheme of single ethical review.

The continuation of governance approval of research after initial review and authorisation must be on the condition that the researchers:

- conduct the research in compliance with the approved protocol or project description;
- submit to CRGO for approval any amendments to the project, including but not limited to amendments that:
    - are proposed or undertaken in order to eliminate immediate risks to participants;

  and
    - may increase the risks to participants; or significantly affect the conduct of the research, or change the scope of the project

1.1 The CRGO must be notified of any amendments to study documents approved by the reviewing HREC. The HREC amendment approval, and the amended documents must be submitted and authorised by CRGO prior to their use at Cabrini. HREC amendments for addition of external sites is not required by CRGO.

1.2 Revised documents must include an updated version number and date (preferably in the footer). Both 'tracked' and 'clean' copies must be submitted for review. Footer dates and file name dates should be

consistent.

1.3 Changes in the research team at Cabrini, including sabbatical leave of the Principal Investigator, require notification to CRGO.

1.4 The Principal Investigator, or their delegate, are required to notify the CRGO of any change in the financial arrangements, or sponsor arrangements regarding the study, including change to the research contract or agreement.

1.5 Updated Investigator Brochures should be submitted annually to CRGO together with the reviewing HREC acknowledgment or approval.

2.0 Annual Progress Report

The Principal Investigator or delegate is required to fulfil the following progress reporting requirements:

2.1 Provide the CRGO with an annual progress report due on the anniversary of governance approval.

2.2 CRGO will accept progress reports aligned with the HREC reporting timelines only if the report includes sufficient details of the progress made at the Cabrini site. This reporting arrangement must be agreed with CRGO at time of governance approval.

2.3 Failure to supply an Annual Progress Report may result in suspension of the research, notification to the reviewing HREC, and listing in the Cabrini Research Risk Register.

2.4 Annual Progress Reports will be tabled for noting at the Cabrini Research Governance Committee (CRGC) monthly meetings, and acknowledged by CRGO.

2.5 Where concerns arise from the progress report the matter will be examined further by CRGO and, if required, referral to the next monthly CRGC meeting.

2.6 An update on Annual Progress Reports are collated monthly for the CRGC meetings, including overdue reports and subsequent suspended studies.

3.0 Site closure/ Final Report

A final report is due on completion of the study, or if the research is discontinued prematurely.

Completion of the study at Cabrini means:

- For commercially sponsored clinical trials, the study is considered complete once the site closeout visit has concluded
- For Investigator Initiated clinical trials, the study is considered complete once the last patient has completed follow up and the data has been analysed
- For other research projects, the study is considered complete once data analysis is complete and there is no further contact with patients or access to medical records or other sources of personal or health information.

3.1 The Site Closure/ Final Report will be reviewed and acknowledged by CRGO

4.0 Termination, Suspension, or Halt of a Study by a sponsor or approving authority

4.1 It may be unethical for a researcher to continue the research if:

- there are or have been substantial deviations from a trial protocol or project description;
- adverse effects of unexpected type, severity, or frequency are encountered; or

- as the research progresses, its continuation would disadvantage some of the participants as determined by the researchers, sponsors or HREC monitoring the research.

4.2 Where ethics approval for a research project is suspended:

- The CRGO and the participants should be informed of the suspension and the reason why;
- the researcher promptly halts the research at the Cabrini site and makes arrangements to meet the needs of participants, such as ensuring appropriate therapy and follow-up for the participants.

4.3 The research may not be resumed unless the following conditions are met:

- the research is modified to provide sufficient protection for participants or address the concerns that led to the suspension; or
- the researcher establishes to the satisfaction of the reviewing HREC that continuation of the research will not compromise participants' welfare; and
- CRGO re-authorises the continuation of the research (subsequent to HREC re-authorisation).

4.4 If the sponsor terminates or suspends a trial, the investigator or the sponsor should promptly inform the reviewing HREC and the CRGO. If the research is to be discontinued before the expected date of completion, inform CRGO of the dates and the reason why. The research participants should be informed as per guidance at section 4.2.

4.5 If the CRGO terminates or suspends a trial, the CRGO will promptly notify the Investigator, HREC and the sponsor. CRGO will record the suspension in the Cabrini Risk Register.

4.6 If the sponsor or HREC places a temporary halt to a trial, the investigator or the sponsor should promptly inform the CRGO of the reason and timeline. Promptly notify the CRGO if and when the hold is lifted with HREC acknowledgment and justification for lifting the hold.

5.0 Protocol Deviation and Serious Breach of GCP or the Protocol

All research must be conducted in compliance with the protocol that received HREC and CRGO approval.

5.1 Protocol deviations are to be reported to the sponsor as per protocol. Deviations from GCP or the protocol should lead to 'prompt action by the sponsor to secure compliance as per NHMRC *Reporting of Serious Breaches of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods, 2018*

5.2 Protocol deviations are often technical deviations that do not harm participants or scientific value. They do not require submission to CRGO unless there is evidence of persistent or systematic non-compliance with GCP or the protocol sufficiently to collectively be considered a serious breach.

5.3 CRGO must be notified of the sub-set of deviation known as a Serious Breach.
A serious breach of GCP or the protocol is likely to affect to a significant degree:
a) The safety or rights of a trial participant, or
b) The reliability and robustness of the data generated in the clinical trial.

5.4 Sponsors have the primary responsibility for determining whether any suspected breach meets the definition of a Serious Breach. Guidance for sponsors assessing a serious breach can be found at the UK's Medicine & Healthcare Products Regulatory Agency (MHPRA) *Guidance for the Notification of Serious Breaches of GCP or the Trial Protocol* and also Appendix IV of the NHMRC *Reporting of Serious Breaches of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods, 2018* (See also Appendix 1 for examples of serious breach given by NHMRC and MHPRA)

5.5 Serious Breaches are to be reported to the reviewing HREC and CRGO within seven (7**)** calendar days of confirming a serious breach has occurred. Any actions requested by the reviewing HREC must also be reported to CRGO.

5.6 Serious Breaches submitted to CRGO require follow up report(s) of root cause analysis, and a Corrective and Preventative Action Plan (CAPA).

5.7 Serious Breaches reported to CRGO will be recorded in the Cabrini Research Risk Register and reported at relevant Cabrini committee meeting(s).

5.8 Any Serious Breach that is suspected of, or reported as research misconduct, will be addressed by CRGO as per Cabrini Research Integrity and Misconduct policy. However, any fraud relating to clinical trial records or data will also be registered as a serious breach if it is likely to have a significant impact on the integrity of trial subjects or the scientific value of the data.

5.9 Any serious breach where Cabrini systems or processes have contributed to unexpected harm or a near miss to the clinical trial participant is to be reported in the RiskMan™ Incident Management System as per Clinical Incident Management Policy and Procedure (for further guidance see section 11)

5.10 The TGA (for studies under the CTN scheme) and the reviewing HREC are to be notified if the serious breach leads to the closure of the research at the Cabrini site.

5.11 Sponsors who identify serious breaches that have occurred as a result of a failure of their own quality systems should report to the reviewing HREC and CRGO in the same manner as described. Breaches which occur overseas do not require submission to CRGO unless the breach has significant impact on the safety or rights of Australian participants, or the reliability or robustness of data.

5.12 A safety event leading to the death, hospitalisation or permanent disability of a trial participant at Cabrini is to be reported to the sponsor to assess the event and determine if it meets the definition of a serious breach.

5.13 Serious breaches may be reported directly to CRGO by a third party if:

- the investigator/institution has good evidence that a serious breach has occurred but the sponsor disagrees with their assessment and is unwilling to notify the HREC and/or CRGO
- the investigator/institution has become aware that the sponsor may have committed a serious breach.

5.14 For Privacy Breaches related to research participant data refer Decision Framework for Privacy Breaches

6.0 Audit

6.1 At regular periods, reflecting the degree of risk, researchers will be required to comply with CRGO audit requirements.

6.2 CRGO or its delegate may conduct random or targeted audits of approved research projects.

6.3 Audits may be carried out by one or a combination of the following methods:

- a request for information via an audit form
- an interview with researchers
- an examination of any or all records associated with the research project, including completed consent forms and electronic or paper files

6.4 Researchers will be given limited notice of an impending audit and will receive written notification of the CRGO findings.

6.5 Audit reports will be tabled at the CRGC meetings.

6.6 The audit will also require that the CRGO is satisfied with the sponsor arrangements for indemnity, insurance and CTN.

6.7 The audit will include observation that a Charter of Healthcare Rights is displayed in areas that are accessible to trial participants, and checks that consumer and carer information packages or resources explain consumer healthcare rights.

7.0 Safety Monitoring and Reporting

7.1 Cabrini safety monitoring and reporting in research requirements are reviewed according to Safety Monitoring and Reporting in Research policy

7.2 Clinical trials approved by the Cabrini CRGO that involve therapeutic goods must also comply with the reporting requirements as per *NHMRC Safety monitoring and reporting in clinical trials involving therapeutic goods* 2016

8.0 Training and Education monitoring

8.1 Mandatory Training

- Cabrini seeks to promote research integrity through mandatory Good Clinical Practice (GCP) training for clinical trial investigators and their clinical trial teams every three years.
- GCP training is also mandated for Investigators and study teams of all other research approved by the Cabrini Research Governance Office. An exception to this requirement is for quality assurance or evaluation activities.
- Research Integrity training is mandated for all Principal Investigators of clinical trials and other clinical research (recommended A-CTEC free online training).

8.2 GCP and Research Integrity Training will be monitored by CRGO. Compliance with mandated training will be reported monthly at Research staff meetings, and Cabrini Research Governance Committee meetings. Unreasonable lapses in currency of training will be recorded in the Cabrini Research Risk Register.

8.3 Researchers must complete sponsor mandated training, and associated training logs.

8.4 Researchers must maintain their skills and knowledge, particularly in the areas of health literacy, research consent, assessing capacity, cultural competency, and partnering with consumers in research.

8.5 ICH GCP stipulates that a Principal Investigator should be qualified by education, training and experience to assume responsibility for the proper conduct of the trial and should provide evidence of such qualifications (via their resume). This will be monitored at the time of governance submission.

8.6 CRGO will annually assess and monitor the competency and training needs of its research workforce.

8.7 Cabrini will consult with consumers in its committees when developing or reviewing research training materials and resources.

9.0 Publication and Authorship

9.1 Any research published by Cabrini researchers, Cabrini honorary researchers, or Cabrini Foundation funded research must be copied to Cabrini's online repository.

9.2 Monitoring of research publications and authorship will occur as per Cabrini *Research Publications and*

Authorship Policy and /or possible breaches under the Cabrini Research Integrity and Misconduct policy

10.0 Sponsor monitoring

10.1 The Australian trial sponsor retains overall responsibility for the conduct and monitoring of a trial in Australia.

10.2 International pharmaceutical and biotechnology companies and groups of researchers can conduct clinical trials in Australia. However, the trials must be sponsored by an Australian entity.

10.3 The sponsorship arrangements will be reviewed by CRGO at the time of governance submission. Any change in sponsorship arrangements must be notified to CRGO in a timely manner.

10.4 Sponsors are guided to adhere to clinical trial monitoring as per global and Australian guidelines:

- ICH GCP E6 (R3) describes the responsibility of the sponsor entailing the implementation of risk-proportionate processes to ensure the safety of the trial participants and the reliability of the trial results throughout the clinical trial life cycle.

- The National Clinical Trials Governance Framework Fact sheet Roles and functions of clinical trial sponsors.

- NHMRC *Risk-based Management and Monitoring of Clinical Trials Involving Therapeutic Goods* 2018

- TGA *Australian clinical trial handbook Guidance on conducting clinical trials in Australia using 'unapproved' therapeutic goods*. Section "Responsibilities under the CTN and CTA schemes- role of Trial sponsors".

- *National Statement on Ethical Conduct in Human Research* 2025, Chapter 5.4 Monitoring.

10.5 Sponsor monitor visits with reports specifying notification of the research office require timely submission to CRGO. Significant or serious deficiencies, such as repeated failures of followings SOPs, or identification of SOP deficiencies must be communicated to CRGO.

11.0 Incident Reporting: Incident Management Systems and Open Disclosure

Cabrini's risk management approach is described in Cabrini's Risk Management Policy. Cabrini supports a 'Just Culture': A culture in which staff feel comfortable disclosing errors and mistakes – including their own – while maintaining professional accountability.

11.1 Clinical incidents associated with research participation at Cabrini are reported as per the Clinical Incident Management Policy and Procedure in order to identify, report, review, monitor and evaluate all clinical incidents in a timely and effective manner. This includes following Cabrini's Open Disclosure policy and the development of a Corrective and Preventative Action (CAPA) Plan to document the issue, root cause analysis, corrective action and resolution related to serious breaches or clinical incidents that occur during the conduct of research.

11.2 In addition to reporting to the CRGO, clinical trial incidents, or serious breaches where Cabrini *system* or *process issues* have contributed to the event are to be recorded in the RiskMan® Incident Management System. Criteria for RiskMan® reporting include the following:

- System or processes have contributed to a trial participant suffering an accident or unexpected harm (or near miss).
- Evidence of significant system failure, whether it caused harm or was a near miss;

- Significant or serial departure from the protocol regardless of impact (serious breach).

Examples of such incidents are: device failure, medication contamination, dosage or medication error, loss of data or documentation, loss of tissue samples, serious failures in communications systems.

Note: Adverse events are expected in clinical trials of investigational medical products, and these are described in the study Investigator's Brochure. These SAEs are not considered a system or process failure and are not reportable in RiskMan®. Clinical trial safety events are captured and monitored as per Safety Monitoring and Reporting in Research policy

11.3 Cabrini CRGO maintains a Risk Register with monthly reporting to CRGC and quarterly aggregate reports to the Cabrini Research Committee. The following risks are reportable to CRGO and recorded in the register:

- Serious breaches of GCP
- Breaches of conditions of ethics or governance approval
- Reportable safety events
- Data breach
- Research complaints
- Progress report deficiencies (e.g. no progress/no recruitment in a 12 month period)
- Privacy breaches
- Mandatory training deficiencies
- Contractual/resourcing and financial risks
- Policy non-compliance
- Matters of research integrity
- Deficiencies identified by CRGO monitoring audit

12.0 Participant Experience Monitoring (including complaints)

Cabrini researchers are encouraged to continuously seek feedback from research participants in their routine interactions.

Research participant complaints and compliments are managed through the Customer Relations Team and recorded in the RiskMan® Feedback module. The customer relations team liaises with CRGO to review and manage complaints compassionately and competently within acceptable timeframes.

Cabrini Research provides formal mechanisms for research participant feedback, including:

- Clinical Trials participant experience surveys distributed via the *eCaptis* platform
- Routine engagement with the Cabrini Research Consumer & Community Involvement Committee
- Research participant complaints and compliments may be made to Customer Relations as per Research Participant Complaints and Compliments Procedure

Research participant experience monitoring will be included in KPIs reported quarterly to the Research Committee (Board Sub Committee)

For complaints related to research integrity and misconduct refer to the Research Integrity and Misconduct policy

13.0 Cabrini Grant funded Research Monitoring

One of the underpinning principles of the National Clinical Trials Governance Framework is equity. Investigator-initiated (non-commercial) clinical trials, or collaborative group trials, allow Cabrini to provide equitable access for the community.

Cabrini supports research via its Foundation grant funding program and stipulates the following requirements:

- Cabrini Research must be satisfied that the human research for which it is responsible adequately takes account of consumer and community perspectives, with reference, where relevant, to NHMRC's Statement on Consumer and Community Involvement in Health and Medical Research.
- The protocol and Participant Information and Consent Form (PICF) requires supporting evidence of consumer informed preparation/co-design
- PICFs may be prepared external to the Cabrini clinical trial service (for example by an international sponsor). However, if prepared locally, clinicians are expected to have received training in health literacy to ensure the PICF is easily understood by participants.
- Allowance for the needs of a diverse consumer population that integrates cultural consideration in all methods of communication
- All Cabrini Foundation grant funded researchers must show evidence of GCP and Research Integrity Training

14.0 Service Performance and Reporting to Cabrini Research Committee (Board Sub-Committee)

Study teams or investigators are required to report quarterly on clinical trials performance via REDCap.
A summary report to the Cabrini Research Committee will be collated quarterly by the CRGO and related parties. The report will include clinical trial service performance and quality metrics, and may include the following components:

- Number of new clinical trials and breakdown by trial phase, department, and sponsor type
- Study start up timeline (defined as from date of site selection letter receipt to first participant visit)
- SSA (Site Specific Assessment/ governance) authorisation timeline (defined as calendar days between governance submission to governance approval)
- Site recruitment (and notation of any significant discrepancy between planned and actual number of participants recruited)
- Number of clinical trials participants who identify as Aboriginal or Torres Strait Islander
- Collated results of clinical trials participant surveys
- Trends in research participant complaints and compliments
- Any clinical incidents related to clinical trials service
- Trends in Cabrini Research Risk Register data
- Collated results of workforce surveys related to clinical trials
- Findings of a serious nature from any sponsor or regulatory audits or monitoring
- Compliance with GCP training

Instances of noncompliance with Cabrini policies and procedures require reporting to the CRGO. Where appropriate, the information will be incorporated into the Cabrini Research Risk Register and quality improvement planning processes

15.0 BREACH OF POLICY

It is the responsibility of Sponsors, Contract Research Organisations, Researchers, Collaborating Institutions and their delegates, conducting research projects that were approved by the CRGO, to follow and adhere to the procedures set out in this policy.

Failure to comply with the policy requirements may result in the suspension or withdrawal of governance approval for research.

If failure to comply with this policy amounts to possible research misconduct on the part of the responsible individual it will be managed as per Cabrini Research Integrity and Misconduct Policy.

Researchers who are determined by CRGO to have an unreasonable delay in supply of progress reports, audit self-report, or mandatory training, will not be permitted to submit a new study to CRGO for review until such time as the outstanding item is resolved.

Breaches of Good Clinical Practice require submission of a corrective and preventative action plan to CRGO, together with notification of the relevant manager/Group Director

16.0 EVALUATION

Compliance with this policy and effectiveness of the policy will be evaluated via performance trends reported quarterly to the Cabrini Research Committee.

Further compliance auditing with this policy may be performed at any time by the Research Governance Office as part of a routine study audit.

REVIEW

This policy will be reviewed every three years and presented to the appropriate Board sub-committee for approval. Non-material amendments may be proposed at any time and approved by the Director of Research Operations.

REFERENCES and ASSOCIATED DOCUMENTS

[1.] NHMRC *Reporting of Serious Breaches of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods*, 2018

Medicine & Healthcare Products Regulatory Agency (MHPRA) *Guidance for the Notification of Serious Breaches of GCP or the Trial Protocol* Version 6, 08 Jul 2020

Safer Care Victoria (SCV) *Adverse Patient Safety Event policy*, 2023

Cabrini Policies Procedures and Protocols

Clinical Incident Management Policy and Procedure
Open Disclosure
Professional Development and Mandatory Training Policy
Cabrini Research Governance Framework
Safety Monitoring and Reporting in Research policy

Key Legislation and Standards

- Australian Charter of Healthcare Rights.
- Australian Code for the Responsible Conduct of Research
- Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders
- Catholic Health Australia Code of Ethical Standards
- International Conference on Harmonisation (ICH) Guideline for Good Clinical Practice, and Guidance for Good Clinical Practice (ICH-GCP) (Annotated by the TGA)
- *National Standard Operating Procedures for Clinical Trials, including Teletrials, in Australia, 2021.*
- National Clinical Trials Governance Framework https://www.safetyandquality.gov.au/standards/national-clinical-trials-governance-framework#the-national-clinical-trials-governance-framework
- National Statement on Ethical Conduct in Human Research
- NHMRC *Reporting of Serious Breaches of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods, 2018*
- NHMRC's Statement on Consumer and Community Involvement in Health and Medical Research.

Appendix 1: Assessing Serious Breaches - Examples

Source: MHPRA *Guidance for the Notification of Serious Breaches of GCP or the Trial Protocol*
NHMRC *Reporting of Serious Breaches of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods, 2018*

Example	Serious Breach?
A subject was dosed with IMP from the incorrect treatment arm.	**Yes**, there was impact on the safety or physical or mental integrity of trial subjects or on the scientific value of the trial
A subject took IMP that had expired two days ago. The subject did not experience any adverse events and this issue was not likely to affect the data credibility of the trial.	**No**, there was no impact on the safety or physical or mental integrity of the trial subject or on the scientific value of the trial. In addition, the assessment of the breach identified this as a single episode and a detailed corrective and preventative action plan was implemented
Blood samples from a cohort were invalid due to being processed incorrectly. As a result, one of the secondary endpoints could not be met.	**Yes**, exclusion of the data from the analysis impacted data reliability/robustness.
IMP temperature excursions reported.	**Yes**, if the situation was not managed and subjects were dosed with IMP assessed as unstable, which resulted in harm/potential to harm subjects. **No**, if the excursions had been managed appropriately (e.g. IMP was moved to alternative location/quarantined as necessary and an assessment (by qualified personnel) illustrated that there was no impact on subject safety and data integrity.
Shortage of IMP at investigator sites in time for participant visits.	**Yes**, there was impact on the safety or physical or mental integrity of trial subjects
Repeat ECGs were not performed, as required by the protocol. There was inadequate quality control of the interim safety reports used for dose escalation, which gave rise to the potential for stopping criteria to be missed.	Yes, there was potential for significant impact on the safety or rights of trial participants.
Participant Information Sheet and Consent Form was updated with significant new safety data (a new drug-drug interaction). At one trial site, this was not relayed to the participants until approximately 3 months after approval.	Yes, the failure to inform participants in a timely manner resulted in significant impact on their safety or rights.
Poor communication/protocol instructions from a sponsor to the site in a chemotherapy trial resulted in the wrong equipment being used to dose the participant (an infusion pump instead of a syringe driver). Participants were significantly under-dosed.	Yes, there was significant impact on the safety of trial participants and the reliability /robustness of trial data
A clinical trial subject attended A&E who attempted to contact the pharmacy department (using the phone number listed on the emergency card issued to the subject) in order to break the unblinding code.	**Yes**, as this had significant potential to harm the subject if unblinding would have affected the course of treatment.

Pharmacy were unable to code break in a timely manner, as a result, the subject withdrew from the clinical trial feeling unhappy that the pharmacy was not available in an emergency situation	
A cohort had invalid blood samples as they were processed incorrectly. As a result one of the secondary endpoints could not be met. Therefore, a substantial amendment was required to recruit more subjects to meet the endpoint. Subjects were dosed unnecessarily as a result of this error.	**Yes**
Subject safety was compromised because repeat ECGs were not performed, as required by the protocol. Also, there was inadequate QC of the interim safety reports used for dose escalation which has potential for stopping criteria to be missed.	**Yes**
The Investigator failed to report a single SAE as defined in the protocol (re-training provided).	**No**, if this did not result in other trial subjects being put at risk, and if it was not a systematic or persistent problem. In some circumstances, failure to report a *SUSAR* could have a significant impact on trial subjects. Sufficient information and context should be provided for the impact to be assessed adequately.
On three occasions a site failed to see a patient within the protocol specified visit window.	**No**, the deviation had minimal impact on participant safety or data reliability/robustness. The deviations were a consequence of unnecessarily narrow inclusion criteria, which was rectified through a protocol amendment.
Investigator site failed to reduce or stop trial medication, in response to certain laboratory parameters, as required by the protocol. This occurred with several subjects over a one-year period, despite identification by the monitor of the first two occasions. Subjects were exposed to an increased risk of thrombosis.	**Yes**
A substantial amendment had been submitted regarding changes to dosing on a first in human study, as a result of an SAE after dosing the initial subject. The sponsor had temporarily halted the trial and only after further investigation had assigned the SAE as unrelated. The sponsor had not notified the CTU of the “urgent safety measure” implemented or reported the SAE as a potential SUSAR.	**Yes**
The early destruction of investigator site files (i.e. one study had only been completed a year earlier and one study was still ongoing).	**Yes**

Executive Sponsor	**Group Director, Cabrini Research**	
Approved By:	Group Director, Cabrini Research	**Date:** 20 October 2025

Authorised By:	Group Director, Cabrini Research	**Date:** 20 October 2025