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Research Governance and Integrity Team

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Writing a Protocol to Good Clinical Practice (GCP)

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Version	Date	Reason for Change
Version 1.0	14 Sep 2006	1st Edition
Version 2.0	25 Jun 2007	Annual review
Version 3.0	27 Jun 2008	Annual review
Version 4.0	08 Feb 2010	Formation of Joint Research Office
Version 5.0	14 Jul 2011	Annual Review
Version 6.0	30 Nov 2012	Annual Review
Version 7.0	18 Feb 2015	Scheduled Review
Version 8.0	25 Oct 2017	Scheduled Review
Version 9.0	10 Jan 2019	Updated in line with Feedback Errors
Version 10.0	24 Jan 2020	Addition of info and requirement on incidental findings. Updated wording from NHS litigation to NHS Resolution within appendix 2
Version 11.0	19 Oct 2020	Scheduled Review Template removed and administrative changes to SOP. JRCO name change to RGIT.
Version 12.0	05 Mar 2024	Scheduled Review
Version 13.0	27 Apr 2026	Updates following legislative changes

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1. PURPOSE

This SOP describes writing a research protocol to Good Clinical Practice (GCP) as required by the Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 and, where applicable, incorporating elements of the International Conference on Harmonisation Good Clinical Practice (ICH GCP E6 R3). The primary focus of the SOP is clinical trials of investigational medicinal products (CTIMPs) that fall under this legislation. It is also relevant for any project involving humans, their tissue, and/or data.

2. INTRODUCTION

A research protocol is a **legal** document that outlines the study plan for a clinical trial. The protocol must be carefully designed to safeguard the health and safety of the participants, as well as answer specific research questions. A protocol should describe all relevant information related to a trial. While enrolled in a trial, participants following a protocol are seen regularly by the research staff to monitor their health and to determine the safety and effectiveness of their treatment.

It is expected that the Research Governance and Integrity Team (RGIT) Protocol template in Appendix 1 is used for all CTIMPs under Imperial Sponsorship. Any deviation from this template should first be discussed with the RGIT. Appendix 2 contains a template protocol for non-CTIMP studies.

The procedures described in this SOP will focus mainly on studies of CTIMPs; for all other types of studies, disregard any non-applicable sections.

Any modification to the REC/HRA and MHRA (for CTIMPs) approved protocol must be reviewed and approved by the RGIT following the completion of a modification tool before the modification is submitted to the REC and/or MHRA, as changes may affect the terms of sponsorship and insurance cover. For further information, refer to Modifications to Healthcare Research (RGIT_SOP_006: SOPs and Associated Documents-Templates | Research | Imperial College London

3. PROCEDURE

As per ICH GCP (R3), the contents of a CTIMP study protocol should include the following topics as described in Appendix B - Clinical Trial Protocol and Protocol Amendment(s):

3.1. General Information

- Protocol title, protocol identifying number and date. Any amendment(s) should also bear the amendment number(s) and date(s).
- Name and address of the sponsor and monitor (if other than the sponsor).
- Name and title of the person(s) authorised to sign the protocol and the protocol amendment(s) for the sponsor.
- Name, title, address, and telephone number(s) of the sponsor's medical expert (or dentist when appropriate) for the trial.
- Name and title of the investigator(s) who is (are) responsible for conducting the trial, and the address and telephone number(s) of the trial locations.
- Name, title, address, and telephone number(s) of the qualified physician (or dentist, if applicable), who is responsible for all trial-site related medical (or dental) decisions (if other than investigator).
- Name(s) and address(es) of the clinical laboratory(ies) and other medical and/or technical department(s) and/or institutions involved in the trial.

3.2. Background Information

- Name and description of the investigational product(s).
- A summary of findings from non-clinical studies that potentially have clinical significance and from clinical trials which are relevant to the trial.
- Summary of the known and potential risks and benefits, if any, to human subjects.
- Description of, and justification for, the route of administration, dosage, dosage regimen, and treatment period(s).
- A statement that the trial will be conducted in compliance with the protocol, GCP and the applicable regulatory requirement(s).
- Description of the population to be studied.
- References to literature and data relevant to the trial and that provide background for the trial.

3.3. Trial Objectives and Purpose

A clear and detailed description of the objectives and purpose of the study. Information on estimands, when defined.

3.4. Trial Design

The scientific integrity of the trial and the credibility of the data from the trial depend substantially on the trial design. A description of the trial design should include:

- A specific statement of the primary endpoints and the secondary endpoints, if any, to be measured during the trial.
- A description of the type/design of trial to be conducted (e.g. double-blind, placebo-controlled, parallel design, adaptive design, platform/umbrella/basket, trials with decentralised elements) and a schematic diagram of trial design, procedures, and stages.
- A description of the measures taken to minimise/avoid bias, including randomisation & blinding.
- A description of the trial treatment(s) and the dosage and dosage regimen of the investigational product(s). Also include a description of the dosage form, packaging, and labelling of the investigational product(s).
- Preparation (e.g., reconstitution) and administration instructions where applicable, unless described elsewhere.
- A description of the schedule of events (e.g., trial visits, interventions, and assessments).
- The expected duration of subject participation, and a description of the sequence and duration of all trial periods, including follow-up, if any and a description of what constitutes end of study (i.e. last participant, last visit).
- A description of the “stopping rules” or “discontinuation criteria” and “dose adjustment” or “dose interruption” for individual participants, for parts of the trial or for the entire trial.
- Accountability procedures for the investigational product(s), including the placebo(s) and comparator(s), if any.
- Maintenance of trial treatment randomisation codes and procedures for breaking codes.
- The identification of any data to be recorded directly on the CRFs (i.e. no prior written or electronic record of data) and considered to be source data.

3.5. Selection and Withdrawal of Participants

- Participant inclusion criteria.
- Participant exclusion criteria.
- Mechanism for pre-screening, where appropriate, and screening of participants.
- Participant withdrawal criteria (i.e. terminating IMP/trial treatment) and procedures specifying:
    i. When and how to withdraw participants from the trial/IMP treatment.
    ii. The type and timing of the data to be collected for withdrawn participants.
    iii. Whether and how participants are to be replaced.
    iv. The follow-up for participants withdrawn from IMP/trial treatment.

3.6. Treatment and Interventions for Participants

- The treatment(s) to be administered, including the name(s) of all the product(s), the dose(s), the dosing schedule(s), the criteria for dose adjustment(s), the route/mode(s) of administration and the treatment period(s), including the follow-up period(s) for participants for each investigational product treatment/trial treatment group/arm of the trial.
- Medication(s)/treatment(s) permitted (including concomitant and rescue medication) and not permitted before and/or during the trial.
- Strategies to monitor the participant's adherence to treatment.

3.7. Assessment of Efficacy

- Specification of the efficacy parameters, where applicable.
- Methods and timing for assessing, recording, and analysing of efficacy parameters. Where any trial-related committees (e.g., independent data monitoring committee (IDMC)/adjudication committees) are utilised for the purpose of assessing efficacy data, the committees' procedures, timing, and activities should be described in the protocol or a separate document.

3.8. Assessment of Safety

- Specification of safety parameters.
- The methods, extent and timing for recording and assessing safety parameters. Where any trial-related committees (e.g., IDMC) are utilised for the purpose of assessing safety data, procedures, timing, and activities should be described in the protocol or a separate document.
- Procedures for obtaining reports of and for recording and reporting adverse events.
- The type and duration of the follow-up of participants after adverse events and other events such as pregnancies.
- Reporting of incidental findings if applicable, including review of results, management of review and notification of findings.

All serious adverse events (SAEs) should be reported immediately to the sponsor except for those SAEs that the Reference Safety Information (e.g., Investigator's Brochure/Summary of Products Characteristics) identifies as not needing immediate reporting.

Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol.

For further details, please refer to RGIT_SOP_001_Safety Reporting (SOPs and Associated Documents-Templates | Research | Imperial College London).

3.9. Statistics

- A description of the statistical methods to be employed, including timing and purpose of any planned interim analysis(ses).
- The Statistical Criteria for the termination of the trial.
- The number of participants planned to be enrolled. In multicentre trials, the numbers of enrolled participants projected for each trial location should be specified. Reason for choice of sample size, including reflections on (or calculations of) the power of the trial and clinical justification.
- The level of significance to be used.
- The selection of subjects to be included in the analyses (e.g. all randomised participants, all dosed participants, all eligible participants, evaluable participants).
- Procedure for accounting for missing, unused, and spurious data.
- Procedures for reporting any deviation(s) from the original statistical plan (any deviation(s) from the original statistical plan should be described and justified in protocol and/or in the final report, as appropriate).

3.10. Direct Access to Source Data/Documents

It should be ensured that in the protocol or other written agreement it is specified that the investigator(s)/institution(s)/service providers(s) will permit trial-related monitoring, audits, IRB/IEC review, and regulatory inspection(s), providing direct access to source data/documents.

3.11. Quality Control and Quality Assurance

- Description of identified critical to quality factors, associated risks and risk mitigation strategies in the trial unless documented elsewhere.
- Summary of the monitoring approaches that are part of the quality control process for the clinical trial.
- Description of the process for the handling of noncompliance with the protocol or GCP.

3.11.1. Critical process and data identification: During protocol development, the sponsor should identify those processes and data that are critical to ensure human subject protection and the reliability of trial results.

3.11.2. Risk control: Risk reduction activities may be incorporated in protocol design and implementation.

3.12. Ethics/HRA

Description of ethical considerations and applicable regulations relating to the trial.

3.13. Data Handling and Record Keeping

- Description of data management procedures.
- Specification of data to be collected and the method of its collection. Where necessary, additional details should be contained in a clinical trial-related document.
- The identification of data to be recorded directly into the data acquisition tools (i.e., no prior written or electronic record of data) and considered to be the source record.
- A statement that records should be retained in accordance with applicable regulatory requirements.

3.14. Finance and Insurance

Financing and insurance if not addressed in a separate agreement.

3.15. Publication Policy

Publication policy, if not addressed in a separate agreement.

4. REFERENCES

https://www.ema.europa.eu/en/documents/scientific-guideline/ich-e-6-r2-guideline-good-clinical-practice-step-5_en.pdfICH_E6(R3)_Step4_FinalGuideline_2025_0106.pdf (Cited 09 Feb 2026)

The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 (Cited 09 Feb 2026)

SOPs and Associated Documents-Templates | Research | Imperial College London (Cited 09 Feb 2026)
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:091:0013:0019:en:PDF

5. APPENDICES

The following Appendices list the following Templates associated to this SOP which can be found on the SOP, Associated Documents & Templates page:

Appendix 1: Template Protocol for CTIMPs – RGIT_TEMP_026
Appendix 2: Template Protocol for non-CTIMPs - RGIT_TEMP_027