Gloucestershire Hospitals
NHS Foundation Trust

SOP 03: Research Training

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Version:	6.0	
Author:	Gemma Race	
Approved by Trust Senior Responsible Officer for RIG:	Noel Peter 20/10/2025	
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Date of Review:		24/11/2028

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the Research, Innovation & Genomics Webpage for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded version are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive version of all Gloucestershire Hospitals NHS Foundation Trust SOPs appear online. If you are reading this in printed form, check that the version number and date below is the most recent one as shown on the RIG website:

https://www.gloshospitals.nhs.uk/about-us/get-involved/support-our-trust/research-our-hospitals/

The Gloucestershire Hospitals NHS Foundation Trust wishes to acknowledge York Hospitals NHS Foundation Trust and University Hospitals Bristol NHS Foundation Trust who gave permission to use their templates in the development of these SOPs.

Version History Log

This area will be updated with details of all changes made to the SOP whether due for full review or not.

Version	Details of Change	Date Implemented
1.0	Original SOP	23/03/2015
2.0	Review and update on NIHR training	03/02/2017
3.0	Rebranding to GHNHSFT and updating of contacts details	31/03/2018
4.0	New web page link Updated reformatted training logs	10/02/2021. This version was not implemented.
5.0	Typographical errors corrected Addition around GCP exemption Addition of recording training for the delivery teams on EDGE Update to show consent competency check is 3 yearly Removal of SOP categories and change of reference codes	30/10/2023
6.0	Title amended. Addition of glossary Renewal period set to three years Updating of departmental name from R&D to RIG Removal of requirement for yearly CV update	24/11/2025

This SOP will be reviewed every three years unless changes to any relevant legislation require otherwise

Related Documents:

SOPs
SOP 02 - Research Documentation and File Management
SOP 04 - Informed Consent for Research

Glossary

CTIMPs	Clinical Trials of Investigational Medicinal Products
HRA	Health Research Authority
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
CI	Chief Investigator
PI	Principal Investigator
RIG	Research, Innovation and Genomics

Contents

1. Introduction, Background and Purpose

All research hosted and sponsored by Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) must be conducted to the highest quality and standards possible. To do this all staff must be trained in all aspects of research relevant and commensurate with their role and level of involvement within a trial.

The Medicines for Human Use (Clinical Trials) Regulations 2004 states that no person shall conduct a clinical trial unless done so under the expectations of good clinical practice. Therefore, all staff carrying out research duties will receive GCP training alongside their Trust and specific professional training to maintain their professional registration.

2. Who should use this SOP?

Any member of staff, honorary member of staff or external researcher under a Letter of Access should refer to this SOP to ensure they are up to date with appropriate training and education requirements for undertaking research. Research, Innovation and Genomics (RIG) Professional Services team setting up research studies should refer to this SOP as required.

3. When should this SOP be used?

This SOP should be referred to in the trial set-up phase and should be regularly referred to during the course of any trial delivery to ensure all staff are aware of all training required and that it is provided and documented.

4. Access to Training

When new members of staff start or a new trial is taken on, training needs assessments will be made by the team lead in the various research teams.

Training will then be provided prior to staff starting work on a trial. Training may take the form of:

- Trial specific investigator days provided by the Sponsor
- Trial specific webex/ teleconference provided by the Sponsor
- Trial specific e-learning packages provided by the Sponsor
- Trial specific manuals and guidance documents (how to complete CRF for example)
- Research team training sessions facilitated by the PI or research delivery team lead of the trial
- Working alongside peers
- Access NIHR national programmes via the NIHR LEARN system
- Inter-organisational peer support groups
- Trust research team meetings and inter-departmental meetings

5. What training is required to take part in Research?

Each individual involved in conducting a trial must be qualified by education, training and experience to undertake trial tasks. Listed below is training to be considered, this is not an exhaustive list and must be looked at in conjunction with Trust mandatory training requirements and any professional bodies staff belong to.

5.1 Good Clinical Practice Training

GCP is a legal requirement for all Clinical Trials of Investigational Medicinal Products (CTIMPs) and a Trust requirement for all research undertaken in the Trust. Training received can be tailored to the roles and responsibilities being undertaken by the individual. Training can be face to face or on-line from accredited providers such as the NIHR, please check with the RIG Professional Services team if your GCP training is from another provider. Staff will need to complete an 'Introduction to GCP' before they can start work on any trial if they have not already done so. A 'GCP refresher' session must be completed every 3 years, or sooner if there are any major changes to the legislation. There will be a few exemptions to

the requirement of needing full GCP training, for example with critical care studies or other acute studies, clinicians may not require GCP training to randomise a patient under deferred consent if this is their sole involvement in the trial. This will be documented by the Sponsor at the site initiation visit and agreed by RIG. Study specific training will be required.

The NIHR Delegation and Training Decision Aid (Appendix 5) should be referred to for guidance.

5.1.1 CTIMPs

GCP training is a legal requirement for researchers recruiting to and conducting trial related activities for a CTIMP.

Trust Approval will not be given for any CTIMP where the relevant CI/PI and Research Staff do not have the required GCP training. Any pharmacy personnel working on CTIMPs, will undertake a level of GCP training depending upon the level of their involvement in managing IMPs. It will be expected that the Lead Pharmacists will gain pharmacy–specific GCP training. (See RGQMS overview Training Matrix and Pharmacy Department's Research SOP)

Existing training certificates will be acceptable if dated within the 3 years prior to the trial starting.

If the existing training will expire during the recruitment phase of the study, the affected person must update appropriate training within 3 months of the expiry date. Failure to update GCP training within 3 months of the renewal date may lead to the trial being suspended temporarily or closed locally.

5.1.2 Non-CTIMPs Interventional and Non-Interventional Trials and Studies that involve contact with service users

GCP training is a Trust requirement for researchers recruiting to and conducting trial related activities for any research unless there is an exemption as documented in 5.1.

5.1.3 Observational/Data/Tissue only studies

Researchers should refer to the HRA Approval letter for guidance on GCP requirements along with contacting the RIG Professional Services team.

5.1.4 Staff-based Projects

For staff running staff-based projects (i.e., those only recruiting members of NHS Staff not patients) that do not require HRA approval, GCP training is not required.

5.2 Informed Consent Training

The delegation of Informed Consent to an appropriate, suitably qualified member of the research team should be considered on a trial-by-trial basis, taking account of local circumstances and protocol requirements.

Staff working with vulnerable patient group(s) must show evidence of NIHR Informed Consent training.

5.2.1 Medically Qualified Staff

The PI will assess if the co-investigators on the trial require any additional training and/or guidance on engaging in the informed consent process with potential trial participants.

5.2.2 Non-Medically Qualified Staff

- Staff must adhere to their professional codes of conduct.
- Staff must attend an NIHR Informed Consent Training Session as soon as practically possible after joining a research team and within six months.
- Staff must be fully informed on the disease area being researched as well as being fully informed and familiar with the verbal and written information being given to the potential trial participant for each specific trial they are intending to work on.
- Engaging in the consenting process will be in a staged approach as follows:
    - i) The new member of staff will buddy up with a clinician or experienced research nurse/ trial co-ordinator and with the patient's agreement sit in on trials talks and then shadow/ work alongside the experienced member of the team whilst they complete the process of entering a patient into a trial.
    - ii) Again, buddying up, the new research member of staff will take on a given part of the trial talk with the final receiving of consent being done by the experienced member of staff.
    - iii) When, in the opinion of the experienced member of staff and /or PI the new member of staff is competent and confident in a given trial, then they will take on the lead of taking a potential trial participant through a trial's talk. The final receiving of consent will be performed by the experienced member of staff.
    - iv) The new member of research staff must complete 3 observed trial talks competently please see appendix 2, and work through appendix 3 with their line manager before they can be signed off to undertake the whole consenting process independently.

- To mirror the 3 yearly update in GCP research staff involved in the consenting process will undertake 3 yearly Informed Consent Workshops or individual review arranged by the Trust and/or line manager (Appendix 4).
- All research staff receiving informed consent will undertake trial specific training for each trial they are delegated to work on.

5.3 Trial Specific Training

Other training requirements will be dependent upon the trial in question and the training needs of the research team will be assessed at trial set up and reviewed during the life of the trial. This covers not only the immediate research team, but the wider health care team in supporting departments within the Trust and collaborating staff in other Trusts.

5.4 Trust Mandatory Training and Maintenance of Professional Registration

All research staff will keep their mandatory Trust training and professional bodies training requirements up to date. Each member of the research team is responsible for arranging this training themselves.

6.0 Recording Training

In order to demonstrate that training has occurred, documentation must be maintained and retained for all staff involved in the conduct of clinical trials and where appropriate, for staff involved in supporting functions. These records must be maintained as trial supporting documentation for as long as they may be needed to support historical reconstruction of the trial.

The documentation required by a Sponsor for each staff group will depend on the research undertaken. It may include the following documentation for each member of the research team:

- A current job description dated and signed by the post holder and their line manager to demonstrate the date on which current roles and responsibilities have been agreed. This will be in the member of staff's personnel file.
- An up-to-date Curriculum Vitae (CV) to demonstrate current and previous relevant education and experience signed and dated to confirm the date of the document and ownership by the named individual. Staff should review and

update their CV at least every three years (or earlier if required by study Sponsor) to reflect updates to GCP or other relevant training and experience.

- Confirmation that GCP training has taken place in the form of a dated GCP Certificate which includes the details of the provider or a brief form dependent upon requirements (See Appendix 5 Delegation and training decision aid).
- Role specific training relevant to the post holder's duties and clinical trial role(s) and responsibilities and therapeutic area training.
- Trust SOP training records – see RGQMS training matrix for job specific requirements
- Trial specific training – all staff must receive an appropriate level of training to allow them to perform their trial–related duties. This includes providing training to staff that join the trials team after the trial has started.

Each member of staff is responsible for keeping a record of all training completed to evidence their own Professional Development / Validation. A record of the training date and if applicable certificates will be stored on EGDE3, clinical research management system for the research delivery teams. (see Appendix 1 for further details). This means that should a member of the research delivery team leave before a trial is completed their key documents evidencing, they were undertaking appropriate trial roles will still be accessible. Reports can also be run to check on EDGE3 to check compliance with training requirements. Email reminders to renew training, for example Good Clinical Practice will be sent via EDGE3 4 weeks prior to the renewal date to the research delivery teams.

With each review of a SOP a training record will be uploaded on EDGE3. There is a 5-week period between SOP approval and implementation. This is to give a one-week period for the SOP to be uploaded to the website, and then a further 4-week period to allow SOP training to be completed. This will be available to record the research team's training once the SOP is approved by the Senior Member of the Trust with the responsibility for RIG.

For new staff there are role specific competency workbooks to be worked through dependent upon the staff group and job banding. These have been devised by the South West Central Regional Research Delivery Network and will be supervised by the staff member's line manager.

7.0 References

Medicines for Human Use (Clinical Trials) Regulations
The Medicines for Human Use (Clinical Trials) Regulations 2004

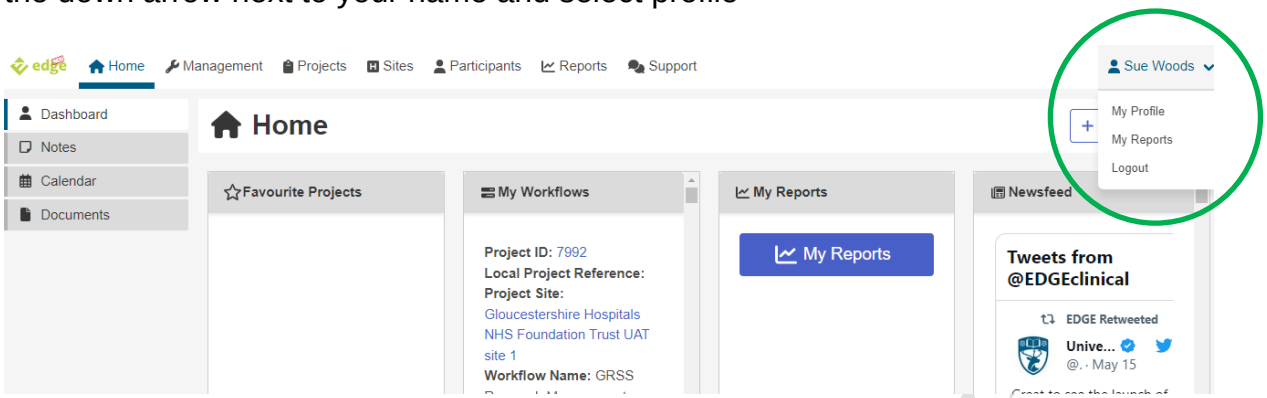
UK Policy Framework for Health and Social Care Research - Health Research Authority

NIHR Learn: https://learn.nihr.ac.uk/

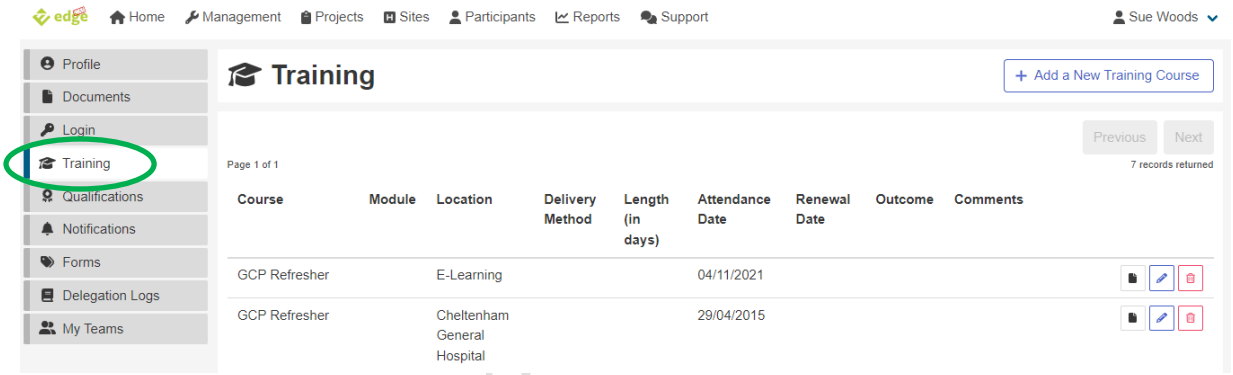
HRA – Learning: Learning - Health Research Authority

Appendix 1 – EDGE 3 Training Record and Certificate Depository

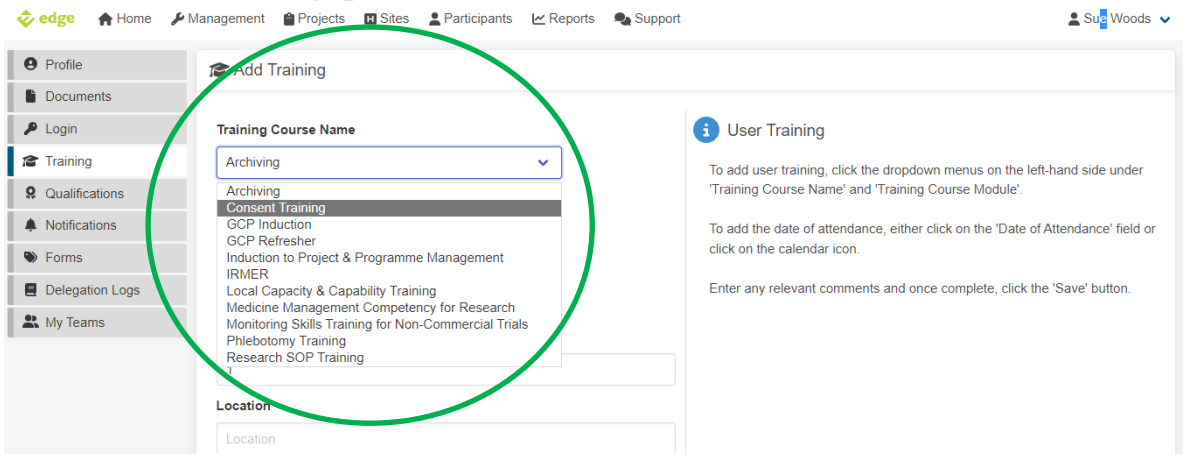
Staff can enter their research related training to EDGE, via their Profile page, click the down arrow next to your name and select profile



Select Training on the left hand side of the screen

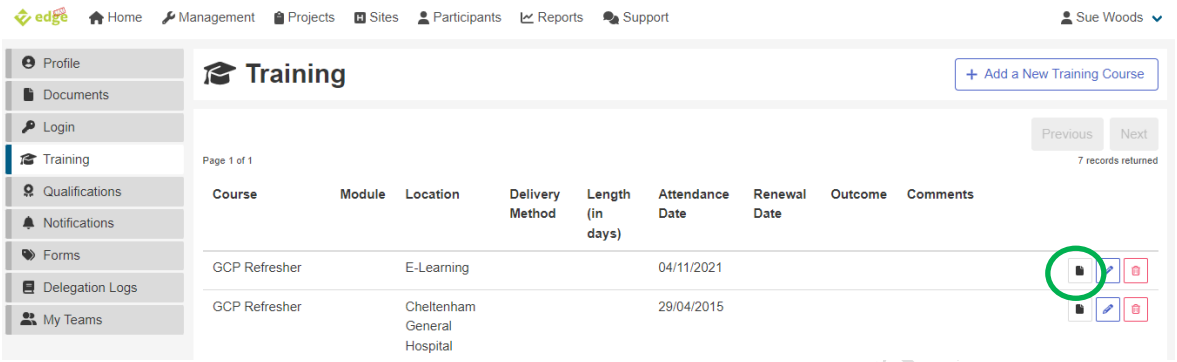


To add new training details, click on the + Add a New Training Course

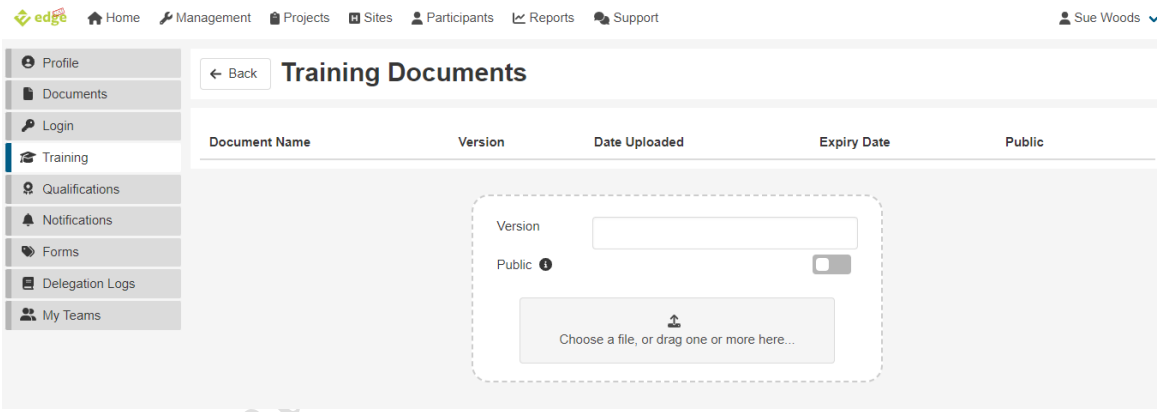


For example, select Research SOP Training, and then choose the course from the drop down list and complete the details relevant to the course you are adding and press save at the bottom of the screen.

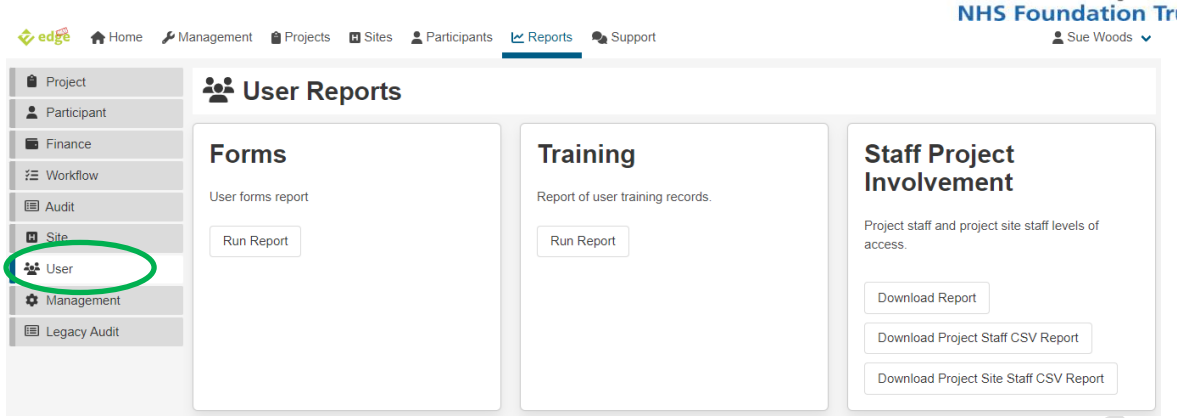
In the main Training page, you will see the courses you have added. You can then add relevant certificates, by clicking on the document symbol if applicable.



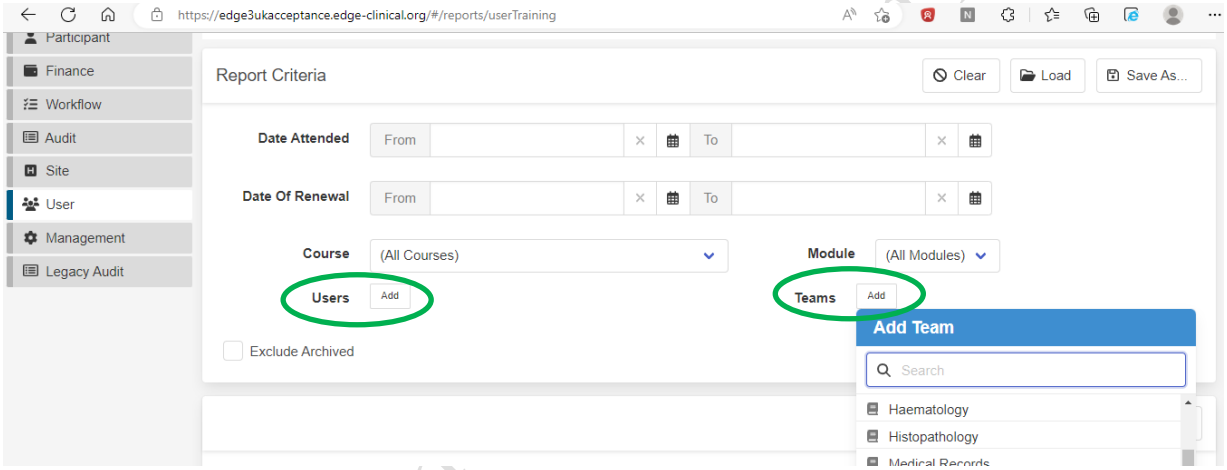
Enter the version / date of certificate and then find the document and drag it into the box, to ensure that other users can confirm completion ensure the public box is selected.



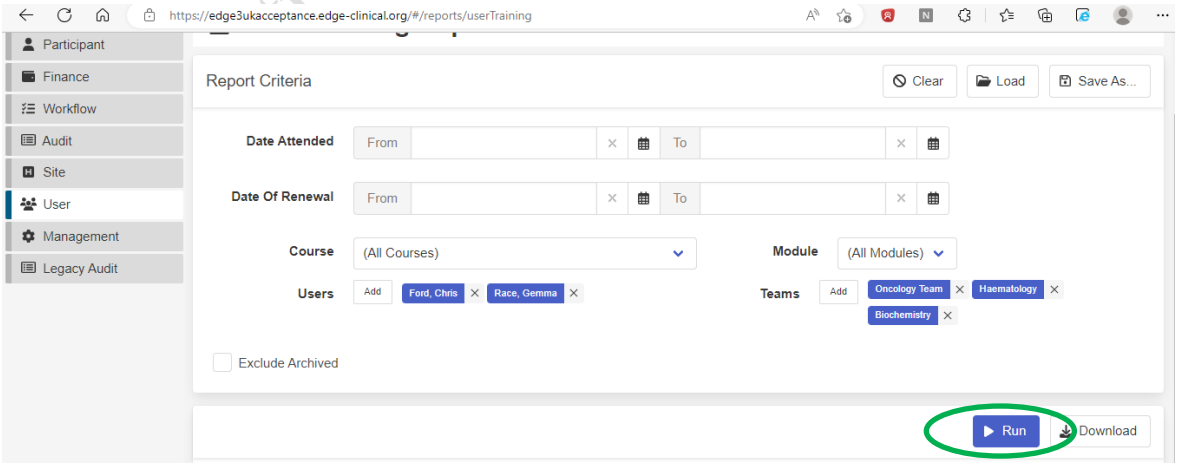
PIs / Managers can then run a report to ensure that those listed on the delegation log have the necessary training, by selecting the Report symbol at the top of the page and the users tab, in order to run a training report.

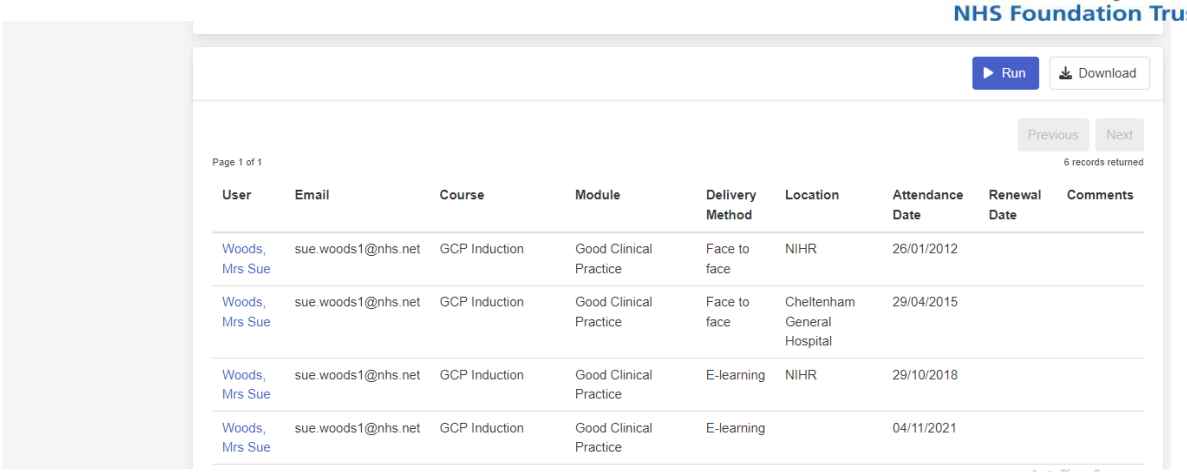


Reports can be run for individual users or teams if the team you want isn't available or needs alterations, please contact the RIG Professional Services team



Multiple teams or users can be selected. Then run the report





Run Download

Previous Next

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User	Email	Course	Module	Delivery Method	Location	Attendance Date	Renewal Date	Comments
Woods, Mrs Sue	sue.woods1@nhs.net	GCP Induction	Good Clinical Practice	Face to face	NIHR	26/01/2012		
Woods, Mrs Sue	sue.woods1@nhs.net	GCP Induction	Good Clinical Practice	Face to face	Cheltenham General Hospital	29/04/2015		
Woods, Mrs Sue	sue.woods1@nhs.net	GCP Induction	Good Clinical Practice	E-learning	NIHR	29/10/2018		
Woods, Mrs Sue	sue.woods1@nhs.net	GCP Induction	Good Clinical Practice	E-learning		04/11/2021		

Appendix 2 Informed consent training record

Observation 1

Name	
Trial	Date
Supervised by Name	Job Title
Suggested improvements incorporated	Yes/ No
Informed Consent Measures met?*	Yes/ No
Further improvements to be made: Signed…… Supervisor	

Observation 2

Name	
Trial	Date
Supervised by Name	Job Title
Suggested improvements incorporated	Yes/ No
Informed Consent Measures met?*	Yes/ No
Further improvements to be made: Signed…… Supervisor	

Observation 3

Name	
Trial	Date
Supervised by Name	Job Title
Suggested improvements incorporated	Yes/ No
Informed Consent Measures met?*	Yes/ No
Further improvements to be made: Signed…… Supervisor	

Measures:

It is assumed that the trainee will perform both the 'Informing the patient about the trial' and 'Taking informed consent' for each of the three assessments on the previous page and that, as a minimum, the following measures should be met.

Description of randomisation

Voluntary nature of consent

All questions raised by the patient answered

Explanation of the study equipoise

Comprehensive understanding (by the trainee) of the study, including
trial history, study question/aim, potential toxicities,
side effects and trial procedures.

Evidence of the patient understanding the study, including
potential toxicities, side effects and trial procedures.

A working knowledge of the Trust Informed Consent SOP
and adherence to this SOP during the Informed Consent Process.

Appendix 3: Informed consent competency sheet

Competency	Date	Assessor Signature	Staff Signature
Principles of gaining consent/assent for participation in research			
Demonstrate an awareness of the Declaration of Helsinki and Good Clinical Practice in relation to gaining consent and assent			
Demonstrate detailed understanding and can explain types of observational and interventional studies			
Demonstrates detailed understanding and can explain the need for inclusion and exclusion criteria			
Demonstrates detailed understanding and can explain randomisation, equipoise and blinding			
Provides evidence of training and understanding of the consent process			
Can define valid informed consent and assent and explain the difference			
Demonstrate awareness of when and how to gain consent/assent (adult representative/child)			
Mental Capacity in Research			
Demonstrate understanding of mental capacity act and the legal requirements related to gaining and maintaining valid informed consent, especially when participants lack capacity.			
Demonstrate ability to define when a person lacks capacity			
Demonstrate ability to assess for mental capacity			
Undertaking consent/assent			
Demonstrate an awareness of the ideal physical environment within which to receive informed consent/assent			
Demonstrates an awareness of the factors contributing to a participants decision making during the consent process			
Complies with the informed consent processes as described in the approved protocol, including use of approved versions of PIS and ICF			
Aware of the ongoing nature of informed consent			
Adults Lacking Capacity (if applicable)			
Demonstrate awareness of the different requirements for research with incapacitated adults in relation to - CTIMP - Non CTIMP - Emergency			
Can explain the difference between - Personal Legal Representative - Professional Legal Representative - Consultee			
Understands what steps to take if patients regain capacity			
Research involving children (if applicable)			
Can define valid informed consent and assent and explain the difference.			
Documentation			
Demonstrates and understanding of the documentation required to underpin a capacity assessment			

Demonstrates an ability to accurately assess and record eligibility for the study or record why the patient is ineligible within the research and medical documentation			
Can explain why it is important to accurately record the participants understanding of the study			
Demonstrates ability to complete a consent/assent form with participant in accordance with GCP			
Demonstrates understanding and compliance with the recording and retaining of consent/assent documentation in accordance with the protocol			
Reflection			
Able to demonstrate reflective practice with regard to gaining informed consent/assent - Verbally to Manager (recorded on IC training sheet) - Written reflection for portfolio			

Appendix 4:

Informed Consent – 3 yearly Competence Review to coordinate with Good Clinical Practice Refresher

Name:……. Job Role:…….

Measures:
It is assumed that the research delivery staff member will perform both the 'Informing the patient about the trial' and 'Taking informed consent' during this review process and as a minimum, the following measures should be met.

	Yes	No
Description of randomisation		
Voluntary nature of consent		
All questions raised by the patient answered		
Explanation of the study equipoise		
Comprehensive understanding (by the trainee) of the study, including trial history, study question/aim, potential toxicities, side effects and trial procedures.		
Evidence of the patient understanding the study, including potential toxicities, side effects and trial procedures.		
A working knowledge of the GHNHSFT Informed Consent SOP and adherence to this SOP during the Informed Consent Process.		

Trial…… Date…….

Supervised by…… ……
Name Job Title

Informed Consent Measures met?* YES/NO
(If measures are not met, the reviewee should be supervised in the Informed Consent Process until the reviewer is satisfied that the measure have been met. A separate form should be completed for each review).

Supervisor/Trainer: ……..…… continues to perform Informed Consents to a high standard and therefore may continue to perform Informed Consents unsupervised.

Signed…… Date……

Supervisee: I understand that I may continue to perform Informed Consents unsupervised, but will only do so when I feel confident and competent to do so.

Signed…… Date……

Appendix 5: Delegation and training decision aid