From:	OC GCP Questions
To:	[redacted]
[redacted]	[redacted]
Subject:	Response Request: PI change and how the DOA log should be handled.
Date:	Monday, August 27, 2018 9:17:00 AM
Attachments:	[redacted]
Importance:	High

Good morning –

There is no set way to demonstrate/document new delegations when a PI changes. Please also remember if a new PI is assigned to a clinical trial, he/she must sign a new 1572 form. Please see the information below.

Delegation logs are not addressed in the FDA regulations related to the conduct of clinical trials (21 CFR Part 312 for drugs and biologics and Part 812 for medical devices). Such a log is also not specified in the list of essential documents in the ICH good clinical practice (GCP) guidance document (ICH E6), though signature sheets are included there. Appropriate delegation of clinical trial responsibilities is addressed in the FDA guidance regarding clinical investigator responsibility (available at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM187772.pdf).

The guidance document states:

It is common practice for investigators to delegate certain study-related tasks to employees, colleagues, or other third parties (individuals or entities not under the direct supervision of the investigator). When tasks are delegated by an investigator, the investigator is responsible for providing adequate supervision of those to whom tasks are delegated. The investigator is accountable for regulatory violations resulting from failure to adequately supervise the conduct of the clinical study. The investigator should ensure that any individual to whom a task is delegated is qualified by education, training, and experience (and state licensure where relevant) to perform the delegated task.

In this guidance, FDA addresses appropriate delegation of study tasks (see Section III.A.1); I pasted another excerpt below:

The investigator should ensure that any individual to whom a task is delegated is qualified by education, training, and experience (and state licensure where relevant) to perform the delegated task. Appropriate delegation is primarily an issue for tasks considered to be clinical or medical in nature, such as evaluating study subjects to assess clinical response to an investigational therapy (e.g., global assessment scales, vital signs) or providing medical care to subjects during the course of the study. Most clinical/medical tasks require formal medical training and may also have licensing or certification requirements. Licensing requirements may vary by jurisdiction (e.g., states, countries). Investigators should take such qualifications/licensing requirements into account when considering delegation of specific tasks. In all cases, a qualified physician (or dentist) should be responsible for all trial-related medical (or dental) decisions and care.

Though a delegation log is not required, it is commonly used at clinical sites to document who is assigned essential study tasks. While an FDA investigator would not routinely request to see such a log during a bioresearch monitoring (BIMO) inspection of a site, since it is not a regulatory requirement, he/she may request documentation of who performed which task during a study, particularly when regulatory noncompliance is observed. The clinical investigator is ultimately responsible for the conduct of the study. However, determining if an observed noncompliance resulted from improper delegation of a task is essential to correction of the problem, in the present study or in future studies if the study inspected is already complete. However a site chooses to document those assigned to essential study tasks, it should be updated whenever there is a change in personnel performing any of those tasks. The date on which the designation of the individual was made should be captured, but an ending date would not be necessary. Later addition of a different person for the same task would suffice. If the same study site personnel are assigned essential tasks throughout the life of the study, then no update would be required.

I hope this information is helpful. Please contact us again at gcp.questions@fda.hhs.gov should you have additional questions.

Kind regards,

Doreen M. Kezer, MSN
Senior Health Policy Analyst
Office of Good Clinical Practice
Office of the Commissioner, FDA

This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: [redacted]
Sent: Thursday, August 23, 2018 1:20 PM
To: OC GCP Questions <gcpquestions@fda.hhs.gov>
Subject: Response Request: PI change and how the DOA log should be handled.
Importance: High

Hello,

We have a PI that has left our Network. This physician was PI for several studies. The studies were handed off to new PI's however, each Sponsor is requesting that the Delegation of Authority log be handled differently. One Sponsor wants a new log with the new PI initialing each delegated individual. One Sponsor just wants the previous PI stop dated and the new PI start dated.

Is there any kind of guidance regarding how the DOA log should be addressed in the event of a PI change?

Thanks,

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