

**From:** [OC GCP Questions](#)  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Delegation of Authority & GCP Training  
**Date:** Monday, March 02, 2020 2:20:32 PM  
**Attachments:** [REDACTED]

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Good afternoon –

Thank you for your email.

Delegation Log –

A site delegation log is not required in FDA's regulations regarding the conduct of clinical trials (Title 21, Code of Federal Regulations - 21 CFR - Part 312 for drugs and biologics and Part 812 for medical devices). However, it is a recommended document in the ICH E6(R2) guidance document (guidance on good clinical practice – GCP -- <https://www.fda.gov/media/93884/download>, which is official FDA guidance. (While the ICH document specifies it covers drug and biologics studies only, FDA considers areas related to the general conduct of a clinical trial to be applicable to all studies with FDA-regulated products.) However, this ICH document does not provide details as to who should be included. FDA's guidance document on the supervisory responsibilities of clinical investigators speaks to the need for delegation of study tasks only to qualified personnel (see <https://www.fda.gov/media/77765/download>). FDA therefore considers it important to document what study task was delegated to whom.

As to who should be included on the delegation log - it would be anyone who has an essential role in the conduct of the study. Whether or not the examples you cite, need to be specifically included will depend on the specifics of the study. Those assigned to the study should therefore be listed. If blood draws are essential to either the timing, dosage, or follow-up of study subjects, the identity of the lab tech, for blood draws, or the medical assistant, for vitals, assigned to the study may also be important to capture. In most cases, this information would not receive major scrutiny if an FDA bioresearch monitoring (BIMO) inspection of the site were to occur.

Training –

Neither FDA's regulations nor guidance provide guidelines on how often GCP training should be completed and by whom and who can perform the training. FDA does not require or provide certification. This would be up to the sponsor and the sponsor would also be involved in the documentation of training, if needed. The regulations require that sponsors choose investigators qualified by training and experience (see 21 CFR 312.53(a)). The regulations also require that investigators commit themselves to personally conduct or supervise the investigation (see 21 CFR 312.53(c)(1)(vi)(c)). FDA's guidance on Investigator Responsibilities - Protecting the Rights, Safety, and Welfare of Study Subjects – (discussed and link provided above), states that, "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."

FDA regulations regarding qualifications for those involved with the conduct of clinical studies are very broad. Both Title 21, Code of Federal Regulations (21 CFR) Part 312 (for drugs and biologics) and 812 (for medical devices) simply state that sponsors are required to choose clinical investigators and study staff that are qualified by training and experience. Logically, clinical investigators and study staff need to be knowledgeable about applicable regulations as well as specific areas essential to the conduct of the particular study.

The expectation is that investigators, sub-investigators and study staff will be knowledgeable about good clinical practice, including human subject protection, data integrity, recordkeeping, etc. As

noted, the sponsors have discretion in determining what qualifications will be needed to conduct a study and may identify in the protocol a required frequency of GCP training, in which case the investigator and sub-investigators would be expected to meet that frequency of training in order to comply with the sponsors requirements. Every effort should be made to train the investigational sites. This is the sponsor's responsibility.

Additionally what training is needed and how it is documented depends to some degree on the nature of the study. Some protocols need extensive training and others may need minimal, also dependent upon the background and experience of study staff.

It would seem logical that if the study personnel are listed on the delegation log, they most likely would need study training. This again, however, would be up to the sponsor.

Kind regards,

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**From:** [REDACTED]

**Sent:** Monday, March 02, 2020 11:52 AM

**To:** OC GCP Questions <gcpquestions@fda.hhs.gov>

**Cc:** [REDACTED]

**Subject:** Delegation of Authority & GCP Training

Hello,

I have reviewed several of the replies to redacted questions submitted to this email address that are similar to my question below but was hoping for additional clarity. Can you please provide guidance on the following?

1. Who should be listed on the delegation of authority log other than the sub-investigators and study coordinators? For example, should a lab tech who only draws blood for a central lab to process be listed? Should a medical assistant taking vitals be included?
2. Should all personnel listed on the delegation of authority log have documentation of GCP training?

I appreciate your help and look forward to your response!

Kindest regards,

[REDACTED]

