STANDARD OPERATING PROCEDURE FOR DEVIATION AND BREACH MANAGEMENT IN SPONSORED CLINICAL TRIAL OF INVESTIGATIONAL MEDICINAL PRODUCT (CTIMP)

SOP NUMBER:	TASC SOP059 v7
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1. PURPOSE

This Standard Operating Procedure (SOP) describes the identification, documentation, assessment, management, escalation, oversight and reporting of deviations and breaches occurring within Clinical Trials of Investigational Medicinal Products (CTIMPs) sponsored or co-sponsored by the University of Dundee and/or NHS Tayside.

It reflects a risk-proportionate approach in accordance with The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 (SI 538) and the principles of Good Clinical Practice (GCP),and Research Ethics Committee (REC) requirements.

Routine deviations and non-serious breaches are managed locally with monitor oversight. Sponsor involvement is focused on serious breaches and significant systemic concerns.

2. SCOPE

This SOP applies to all personnel involved in CTIMPs sponsored or co-sponsored by the University of Dundee and/or NHS Tayside.

This includes Chief Investigators (CIs), Principal Investigators (PIs), Trial Managers, Monitors, Data Management personnel (or delegates) and Sponsor representatives responsible for the identification, assessment, management, escalation and reporting of deviations and breaches.
Responsibilities shall be included on Delegation Log.

Where a breach involves personal data, additional reporting requirements under applicable data protection legislation and organisational Information Governance procedures may apply.

3. RESPONSIBILITIES

Chief Investigator (CI)

- Ensure deviations and breaches are identified, documented and investigated.
- Ensure Corrective Preventative Actions (CAPA) are implemented.

- Escalate potential serious breaches immediately to Sponsor.
- Maintain oversight of breach management within the trial.
- Maintain Breach and Deviation Log (Doc Ref 134).
- Escalate concerns where seriousness is uncertain to TASCpotentialbreach@dundee.ac.uk and Lead Monitor.

Lead Monitor

- Review deviation logs and periodic summaries.
- Identify trends and cumulative deviations.
- Escalate potential serious breaches and systemic concerns to Sponsor.
- Document monitoring oversight activities.
- Review CAPA implementation and effectiveness as directed by Sponsor.

Data Management

- Conduct data review activities in accordance with the Data Management Plan.
- Escalate significant protocol deviations, data discrepancies, consent concerns and unusual data patterns to CI/PI.
- Notify the Trial Manager and Lead Monitor of issues requiring investigation.
- Escalate concerns regarding fraud, misconduct or falsification immediately to the Sponsor.

Sponsor

- Maintain oversight of serious breaches and emerging trends.
- Assess potential serious breaches.
- Convene the Serious Breach Review Group (SBRG) where required.
- Determine whether the statutory definition of a Serious Breach is met.
- Notify the Medicines and Healthcare Products Regulatory Agency (MHRA) and REC where required.
- Oversee Sponsor-level CAPA arising from serious breaches.

Delegated Staff

- Record deviations on the study Breach and Deviation log (Doc Ref 134).
- Report any potential serious breaches to Sponsor .
- Complete CAPA for deviations and from the Serious Breach Reporting and CAPA form (Doc Ref 135).

4. PROCEDURE

Complete the Serious Breach Reporting and CAPA form (Doc Ref 135).

4.1 Detection and Identification

The Serious Breach Reporting and CAPA Form is only required for:

- Potential serious breaches
- Sponsor escalations
- Systemic issues
- Deviations upgraded following monitor review

Individuals identifying a deviation or potential breach must ensure it is documented, assessed and escalated in accordance with this SOP.

4.2 Escalation of Potential Serious Breaches

Potential serious breaches must:

- Be escalated to Sponsor immediately and within 24 hours of identification using email TASCpotentialbreach@dundee.ac.uk
- Be documented using the Serious Breach Reporting and CAPA form (Doc Ref 135).
- Include available information and immediate mitigation actions.

4.3 Sponsor Assessment and Serious Breach Review

The Senior Research Governance Manager (SRGM) or delegate shall undertake an initial assessment.

A Serious Breach Review Group (SBRG) may be convened where seriousness, impact, reportability or required actions are uncertain or complex.

SBRG shall:

- Confirm breach classification.
- Assess participant safety and scientific integrity.
- Review CAPA.
- Determine whether urgent safety measures are required.
- Determine whether regulatory notification is required.
- Inform PI/CI of the review decision and CAPA required

4.4 Serious Breach onward reporting by Sponsor following an assessment

Sponsor shall notify:

- MHRA within 7 calendar days of becoming aware that a serious breach has occurred.
- REC where required by conditions of favourable opinion.

All regulatory correspondence shall be retained within the Trial Master File (TMF)

4.5 Assessment and Classification

Classification	Description	Required action
Non serious breach	A breach that does not meet the statutory definition of a Serious Breach and is managed locally	Record in the Breach and Deviation Log (Doc Ref 134). Investigate, implement CAPA and include in Lead Monitor oversight activities

Potential Serious Breach	A breach that may significantly affect participant safety, participant rights, or the scientific value of the trial and requires Sponsor assessment	Complete the Serious Breach Reporting and CAPA Form (Doc Ref 135) and escalate to Sponsor within 24 hours of identification
Serious Breach	Determined by Sponsor. A breach likely to affect to a significant degree the safety or physical or mental integrity of participants, or the scientific value of the trial	Sponsor assessment, regulatory notification (where required), Sponsor CAPA and follow-up
Data Breach	An incident involving unauthorised access, disclosure, loss or misuse of personal data	Manage in accordance with local Information Governance procedures and notify Sponsor where the breach may affect a Sponsor-sponsored CTIMP

4.6 **Follow-up and Closure**

- CAPA shall be tracked to completion.
- Effectiveness of CAPA shall be verified.
- Sponsor may undertake targeted review where trends indicate emerging risk.
- Repeated non-serious breaches may be reclassified where systemic failure is identified.
- Closed breach records shall be retained within the Sponsor File and TMF.

Event Type	Responsible Person	Follow-up Activities	Closure
Deviation	CI/PI or Delegate	Investigate the deviation, implement CAPA where appropriate and update the Breach and Deviation Log	Close when actions are complete and documented
Non-Serious Breach	CI/PI or Delegate	Investigate the breach, implement CAPA and update the Breach and Deviation Log	Closure confirmed through routine Lead Monitor oversight activities
Potential Serious Breach	Sponsor with support from the CI/PI or Delegate	Review the Serious Breach Reporting and CAPA Form,	Sponsor confirms when the escalation can be closed or

		request additional information if required, agree CAPA and determine whether further action is required	progresses to Serious Breach assessment
Serious Breach	Sponsor	Oversee implementation of CAPA, complete regulatory notifications where required, verify actions and assess effectiveness	Sponsor confirms closure following completion of CAPA and any required regulatory actions
Data Breach	Organisation where the breach occurred	Manage in accordance with local Information Governance procedures and notify Sponsor where applicable	Closure in accordance with local Information Governance procedures, with Sponsor notified of the outcome where relevant.

4.7 **Management of Deviations**

Deviations and breaches:

- Must be documented in the study Breach and Deviation Log.
- Must be investigated locally.
- Must have CAPA implemented where appropriate.
- Must be included at Trial Management Group meetings.

4.8 **Monitor Oversight and Trend Review**

The Lead Monitor or delegate shall review deviation logs to identify:

- Frequency and recurrence of deviations.
- Participant safety implications.
- Emerging trends and systemic issues.
- Escalate any potential serious breach to Sponsor using the Serious Breach Reporting and CAPA form (Doc Ref 135).

Where trends indicate increased risk, Sponsor may require additional monitoring, training, CAPA or updates to the risk assessment and monitoring plan.

5. ABBREVIATIONS & DEFINITIONS

CAPA	Corrective Action/Preventative Action
CI	Chief Investigator
CTIMP	Clinical Trial of Investigational Medicinal Product
GCP	Good Clinical Practice
MHRA	Medicines and Healthcare Products Regulatory Agency
PI	Principal Investigator
REC	Research Ethics Committee
SBRG	Serious Breach Review Group
SOP	Standard Operating Procedure
SRGM	Senior Research Governance Manager
TASC	Tayside Medical Science Centre
TMF	Trial Master File

6. ASSOCIATED DOCUMENTS & REFERENCES

Doc Ref 134: Breach and Deviation Log
Doc Ref 135: Serious Breach Reporting and CAPA form

7. DOCUMENT HISTORY

History prior to 2021 is in the archived SOPs available from TASC Quality Assurance Dept.

Version Number:	Reviewed By (Job Title):	Effective Date:	Details of editions made:
5	Patricia Burns (Senior Research Governance Manager)	28/10/2022	No changes required at this scheduled review.
6	Patricia Burns (Senior Research Governance Manager)	28/10/2024	No changes required at this scheduled review.
7	Patricia Burns (Senior Research Governance Manager)	20/10/2026	Change of title. Updated to reflect a risk-proportionate approach to management of deviations and non-serious breaches, and for escalation of potential serious breaches to Sponsor. New Doc Refs 134 & 135 added.

8. APPROVALS

Approved by (job title)	Date
Dr Valerie Godfrey (TASC Quality Assurance Manager) on behalf of TASC Clinical Research Guidelines Committee	15 Oct 2026
Dr Steve McSwiggan, Senior R&D Manager NHS Tayside	15 Oct 2026