Medicines & Healthcare products Regulatory Agency

Procedure for provision of advice by the Faculty of Pharmaceutical Medicine to MHRA on suitability of applicants to serve as Principal Investigators for First-in-Human studies.

When accrediting Phase I / Human/Clinical Pharmacology Study Units the MHRA assesses whether individual doctors working in such Units are adequately qualified to serve as Principal Investigators for First-in-Human (FIH) trials. The criteria laid down by the MHRA Phase I Accreditation Scheme are usually sufficient to provide a basis for a decision. However, from time to time, MHRA staff wish to seek guidance, in the form of peer review, about the suitability of a particular individual. The Faculty of Pharmaceutical Medicine has provided such guidance. This document is intended to provide guidance and transparency on the process and the criteria for a decision.

When MHRA wishes to receive advice from the FPM on the suitability of an 'applicant', the Director of the Diploma in Human Pharmacology is contacted and the applicant's curriculum vitae together with a completed application form (see attached) is forwarded to the Director. In addition to a listing of the applicant's clinical experience, precise details of his/her experience of Phase I / human pharmacology studies should be provided on the application form. This should include a list of studies for which the applicant has served as an investigator or sub-investigator, with some indication of the size (number of subjects and duration) of these studies.

The Director contacts at least two appropriately qualified 'consultants' and, with their agreement, will forward the CV and application form. Thus, for a clinical pharmacologist, the consultants must have extensive 'hands-on' and senior management experience of conducting Phase I studies in a pharmaceutical industry / contract research setting. For an academic researcher with a Certificate of Completion of Training (CCT) in a particular specialty (e.g. oncology), the consultants must be qualified in the same specialist discipline and have extensive 'hands-on' experience of conducting phase I studies in either a pharmaceutical or academic research setting. The consultants must not have worked with or have a close collegiate relationship or friendship with the applicant. If a 'consultant' declares such an interest, the Director will seek an alternative consultant for the particular application. These restrictions do not preclude some passing contact or perhaps having met a few times when attending meetings / conferences.

The consultants should form their views of the applicant's suitability to serve as a Principal Investigator for FIH studies independently. The criteria on which a decision should be based include:

- clinical experience since qualifying as a doctor
- experience as a clinical pharmacologist / clinical research scientist
- relevant post-graduate qualifications
- teaching experience

- experience as a Principal Investigator / (sub)-investigator, which shall include number and type of studies with new molecular entities, numbers of subjects involved and degree of supervision.

Since each applicant should be considered on a case-by-case basis, it is not appropriate to lay down precise requirements for each criterion. However, as a guide, a PI for a FIH study should have a minimum of two years' experience working as a (sub-)investigator on a variety of studies in human subjects including FIH studies.

The consultants should communicate their views to the Director promptly and certainly within a period not exceeding 2 weeks. Where they do not consider the applicant has sufficient experience to function as a PI for FIH studies, they may wish to offer some advice on the most appropriate course of action e.g. register for post graduate qualification such as the Diploma in Human Pharmacology, MSc in Clinical Pharmacology or equivalent, gain another one or two years of practical experience, mentoring etc.

If the two consultants are in agreement, the Director will transmit their views to the MHRA without any involvement in the decision. If the two consultants have different views, the Director will ask them to confer and may offer his own view. If the Director has a conflict of interest (see above), a third independent consultant should be asked to provide an opinion instead of the Director. A unanimous decision is desired but, if the consultants cannot agree, the Director / third consultant will have the deciding vote, after having considered carefully the views of the two consultants.

It may sometimes be appropriate that advice provided by the FPM may identify and recommend restrictions (for example, a restriction to a particular therapeutic area when acting as a PI on FIH trials). Where these restrictions are agreed these will be reflected in the accreditation certificate and will be expected to be reflected in the unit's quality system.

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Approved by:
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