

CORPORATE CONFLICTS OF INTEREST – ANNUAL COMPLIANCE REPORT 2023/24

The Medicines and Healthcare products Regulatory Agency's (MHRA) role commands public trust but equally it must support opportunities for innovation with potential to secure real advances in healthcare product effectiveness. To support these aims, MHRA manages risk in a proportionate way. Inevitably, from time-to-time, potential conflicts of interest may arise. MHRA has in place strong, effective governance which ensures that when such potential conflicts of interest arise the public can be confident that our independence and impartiality is safeguarded while at the same time supporting medical advances with most potential to benefit patients. When there are lessons to learn, we identify these and feed them into our existing policies and decision-making

PURPOSE OF THIS REPORT

- As part of the MHRA's commitment to transparency and openness, we publish an annual compliance report in line with our Corporate Conflicts of Interest Policy and Procedure. This report is agreed and signed off by the Corporate COI Group (COI Group) and then submitted to MHRA's Risk Assurance Group (RAG) for assurance and the Audit, Risk and Assurance Committee (ARAC) for endorsement.
- 2. This report sets out the corporate COI cases (COI cases) and details the agreed mitigations as well as other matters that were considered by the COI Group from 1 January 2023 to 31 March 2024. Previous compliance reports covered the calendar year; however, this report covers an extended period to bring reporting in line with the financial year.

POLICY AND PROCEDURE

- 3. The COI Group operates under the MHRA's Corporate COI Policy and Procedure which is available on <u>MHRA's website</u>. This policy and procedure was first developed in 2013 following the merger of the National Institute for Biological Standards and Control (NIBSC) with the MHRA and the launch of the Clinical Practice Research Datalink (CPRD) as a function of the MHRA.
- 4. Following the restructure of the MHRA in 2022 and 2023, a refreshed COI Group was established in November 2022 with representation from across the Agency and an independent Non-Executive Director in the membership.

- 5. In the reporting period (1 January 2023 31 March 2024), the COI Group reviewed and updated the Corporate COI Policy and Procedure and its Terms of Reference, both of which were submitted to and approved by RAG, a management committee of MHRA's Executive Committee.
- 6. No complaints or concerns have been received about the operation of the Corporate COI Policy and Procedure since the last compliance report.

CORPORATE COI GROUP

- 7. The COI Group considers cases escalated to it and comes to a decision whether the proposed activity can be progressed and, if so, agrees to appropriate mitigations.
- 8. Where an activity is already allowed for in operational guidance and/or in the Corporate COI Policy and Procedure, cases are brought to the COI Group's attention to ensure full transparency.

MANAGEMENT OF CORPORATE COIs

- 9. In addition to the specific COI cases that the COI Group considered as detailed in the next section, the COI Group also discussed and progressed other issues as follows:
 - Developing tools to assist teams to identify and manage corporate COIs locally, with clarity on when to escalate these to the COI Group for a decision. A new decision tree was developed and added to the revised Corporate COI Policy and Procedure. In addition, the COI Group discussed the development of a COI checklist for use within the Science, Research and Innovation (SR&I) Group to assist them in identifying whether each case could progress with pre-agreed mitigations where appropriate or whether it required escalation to the COI Group. CPRD discussed all potential corporate COIs at their Senior Management Team meetings and it was agreed that CPRD would develop a similar checklist to SR&I's for future consideration.
 - Increasing oversight and assurance that agreed COI mitigations have been put in place. The COI Group approved several process changes including ensuring that evidence is sought by and provided to the COI Group secretariat before a COI case is recommended to the COI Group for closure on the Tracker spreadsheet.
 - Improving consistency in the management of COIs by developing a risk matrix to assist the MHRA and the COI Group in managing and approving the mitigation of corporate COIs.
 - Identifying all available mitigations for corporate COIs. The COI Group reviewed a list of all mitigations that had been employed in the past and potential mitigations that could be used in future. The COI Group noted that following EU exit the potential for divergence in regulatory regimes

meant that asking another regulator to review any regulatory decision was now not an option. Following guidance from Partnerships colleagues, it was agreed in January 2024 that all live cases in which another regulator was a COI mitigation should be identified and alternative mitigations proposed.

• Ensuring transparency of decision-making. The COI Group noted the development of a new intranet COI page on which COI Group minutes would be posted for staff. The COI Group agreed to continue preparing annual compliance reports for publication on the MHRA's website.

CONSIDERATION OF POTENTIAL COI CASES

10. During the reporting period, the COI Group reviewed ten cases: of these, six cases were submitted to them for decision and four were for information. The COI Group met six times and considered two cases in correspondence.

Cases that came to the COI Group for decision:

• Case 1

The COI Group considered (via correspondence) a proposal for MHRA involvement in a project to develop a predictive analytical method which could lead to the generation of data with the potential to be included in a future regulatory submission to the MHRA for Phase III clinical trial approval. The COI group considered the proposal and the proposed mitigation and agreed that this could proceed as proposed. It was subsequently noted by the COI Group that the proposal had not progressed as the company had found another collaborator.

• Case 2

The COI Group were asked for guidance on whether a request for the United Kingdom Stem Cell Bank (UKSCB) supply of a cell line for Quality Control (QC) release testing of biopharmaceutical antibodies fell within the existing COI exception (under our existing policy these cell lines can be provided for development or manufacture of a vaccine). Scientific staff had been contacted by a company seeking access to a cell line, with the intent of using the cell line for carrying out QC release testing of biopharmaceutical antibodies (detector cell line for in vitro virus assays). The current COI guidance permits these cell lines to be released for use as a substrate in the development or manufacture of a vaccine. The COI Group agreed that the intended use of the cell line fell under this definition and therefore the provision of this cell line was permitted.

• Case 3

The COI Group considered the recent transfer of the Coronavirus Test Devices Approval (CTDA) Programme to the MHRA from the United Kingdom Health Security Agency (UKHSA) in May 2023. The CTDA had been put in place during the pandemic to ensure a minimum performance standard for COVID-19 tests available on the UK market. Through the CTDA process, applicants are required to submit analytical and performance data for their COVID-19 In Vitro Diagnostic Device (IVD) which is then analysed to enable confidence in the performance of the test prior to it going to market. MHRA, through its SR&I Group, is also a manufacturer of IVDs under the IVD Directive 98/79/EC, using the NIBSC brand name. These NIBSC IVDs are reference materials used to assess the quality of assays/ tests. The perceived COI arises because MHRA could be seen as giving preferential treatment to an application where the 'NIBSC' materials have been used to evidence the performance of the test.

The COI Group approved the proposed COI mitigations whereby any CTDA application including the use of a NIBSC CE-Marked reagent or a NIBSC WHO IS SARS-CoV-2 standard should be assigned to an SR&I scientist with no involvement in the manufacturing of NIBSC reagents. A CTDA Standard Operation Protocol (SOP) for the Service Delivery Team had been put in place to ensure that each application is checked to identify if the applicant has used NIBSC materials. This progress was being monitored and recorded to provide full traceability of this activity.

The COI Group requested a further paper in early 2024 setting out how the mitigations were working and the number of cases that NIBSC reagents had been used to demonstrate analytics performance data.

• Case 4

The COI Group considered this request for the supply of contract storage services for specialised biologicals. It was explained that MHRA's South Mimms site has valuable and specialised infrastructure to store this material. SR&I Group had received a request to access these storage facilities, with the intent of temporarily storing research grade materials. The COI Group agreed that helping other organisations was important, this activity was low risk and that in principle the proposal did not cause a COI. It was important to make clear that SR&I Group were simply storing the materials i.e., not opening or changing them.

• Case 5

The COI Group considered this case which concerned the sourcing of antishigella antibody positive human plasma from which to generate a World Health Organisation (WHO) reference material - an activity for which grant funding had been received.

A company (1) has the intellectual property (IP) and has licensed further development to another company (2) which had agreed to make available anti-shigella antibody positive human plasma from a phase I trial run by another organisation. MHRA had agreed to participate in some testing activities and sub-contract grant funding to pay for a large proportion of the trial activities.

This activity was no longer limited just to the voluntary inoculation of subjects and had become a full clinical trial. Company (2) wished to make clear that data generated within the trial, but without the involvement of

MHRA, would not be subject to the previously agreed COI mitigations for Non-Decision Critical Data.

The original agreed activity was exempt from COI because it fell under one of the agreed exemptions i.e., *development*, *production and/or distribution* of one of the following materials, providing that the material is made available to all laboratories on request (subject to quotas imposed due to low stock levels etc.) AND the material is distributed under the same terms and conditions to all requestors, usually NIBSC's standard terms and conditions of sale: WHO or non-WHO reference materials to be used in testing biological medicines."

It was agreed that SR&I Group should amend wording in the contract to mitigate the COI and that the MHRA should withdraw from the clinical trial activities.

• Case 6

A collaboration was proposed between CPRD and a commercial clinical trial recruitment organisation to provide feasibility, recruitment and follow up data services for a Phase 3 commercial study. The project would enable CPRD to test whether a different way of working could increase our recruitment rates.

The COI Group confirmed that there was no conflict of interest for the MHRA and noted that the project would allow CPRD to test whether a different way of working could increase their recruitment rates and, as a result, the income relating to CPRD clinical Trial recruitment services.

Cases that came to the COI Group for information:

Case 7

A member of staff had moved roles from the CPRD team to work on regulatory matters in the Safety and Surveillance (S&S) Group. In her previous role in CPRD, she had developed a study protocol on the safety of a COVID-19 vaccine. The S&S Senior Management Team had agreed to mitigate this potential perceived COI by ensuring that the member of staff had no further involvement in the CPRD study and ensuring she did not work any COVID-19 vaccine related issues. The COI Group discussed that the concerns centred around a potential perceived COI, and that this issue straddled both staff and corporate COI. It was agreed that these cases should be identified and managed locally.

• Case 8

The Clinical Investigations and Trials Unit within the SR&I Group was sourcing an external assessor through a contracted company to undertake some medical assessement work for clinical trials. There was the potential for the external assessor to need to assess a trial for MHRA in which they had previous involvement (with the company/sponsor/product/trial) thereby giving rise to a potential COI. Governance Office had previously discussed and agreed mitigations with relevant colleagues, managing this under the staff COI Policy which covers staff and contractors. The potential COI was mitigated by the inclusion of a clause in the legal agreement between MHRA and the company, requiring the company to manage potential COIs by working to actively identify where a COI may occur, ensuring that the assessor assigned to MHRA trials has no previous or existing involvement with the company/sponsor/product or trial and that any potential COI is highlighted to MHRA to enable mitigation and for it to be documented. In addition, the assessor working on MHRA trials would be made familiar with the MHRA staff COI policy.

• Case 9

MHRA had recently extended the scope of an Approved Body (AB) and, in line with the medical devices regulations, was due to witness one of their first audits. The AB had scheduled 'NIBSC' as the first manufacturer on their audit list, therefore MHRA would witness this audit. The COI Group noted that the audit had occurred and that the process had worked well.

• Case 10

MHRA staff were participating in another Government department's (OGD) group which was looking at use of a medical product. The COI Group were informed that MHRA had clarified our involvement in the OGD group to ensure that MHRA retains its objectivity as the regulator. MHRA would participate in the OGD group an advisory capacity only and would not approve or endorse any decisions. The COI Group requested an update on MHRA's involvement in the OGD group in a further six months' time.

11. The COI Group also met to discuss the potential restriction on the UK Stem Cell Bank's (UKSCB) income-generating activities by some perceived COIs and agreed that these should be explored further in the context of developing a self-funding model for the UKSCB.

CONCLUSION

12. All COI cases are recorded on our internal tracker (an Excel spreadsheet detailing each case, the mitigations agreed and when evidence of those mitigations being put in place has been provided).

Agreed by the Corporate COI Group, 4 June 2024 Approved by Risk and Assurance Group, a management committee of Executive Committee, 19 June 2024 Endorsed by Audit, Risk and Assurance Committee, 5 July 2024