Medicines & Healthcare products Regulatory Agency

Central Advisory Committee (CAC)

Minutes of the meeting held on 17 May 2022 at 3:00pm via Microsoft Teams

Members attending	
Member	**Role**
Prof Susan Jick	Chair
Edward Chapman	Lay member
Prof David Fishwick	Scientific member
Dr Kate Fleming	Scientific member
Prof Martin Gulliford	Scientific member
Sonia Patton	Lay member
Prof Deborah Saltman AM	Scientific member

Apologies	
Member	**Role**
Dr Benjamin Cairns	Scientific member
Prof Umesh Kadam	Scientific member
Prof Jennifer Quint	Scientific member
Prof Richard Stevens	Scientific member
Prof Li Wei	Scientific member

In attendance	
Attendee	**Role/Post**
Dr Puja Myles	Joint Interim Director of CPRD / Head of Observational Research
Tarita Murray-Thomas	Senior Researcher
Jonathan Lind	Research Applications Manager
Tarryn Gourley	Research Applications Coordinator

1. Welcome and apologies (Chair)

The Chair welcomed attendees to the fourth meeting of the Central Advisory Committee (CAC) and noted apologies. Members were reminded of the Terms of Reference of the Committee.

The Chair explained that the purpose of the meeting was to provide input into discussions on the next phase of eRAP and the RDG process, as part of the 1-year review, as well as feedback on proposals for the pairing of ERCs and general discussion of the CAC's role in providing oversight of the triage process.

2. Minutes of the 28 January 2022 Meeting (Chair)

The minutes of the CAC meeting held on 28 January 2022 were reviewed and confirmed as an accurate record. There were no outstanding actions.

3. Joint Interim Director's Update (Puja Myles)

PM provided an update to the CAC on recent developments in Clinical Practice Research Datalink (CPRD).

Members were informed that CPRD is now part of the 'Safety and Surveillance' group in the Medicines and Healthcare products Regulatory Agency (MHRA). Though there have been changes to CPRD branding, there are no changes to the Research Data Governance (RDG) process.

PM reminded members that CPRD will be moving towards a trusted research environment (TRE) model of data access. CPRD is aiming for a minimal viable product by March 2023. This is in response to the Goldacre Review, which advocates a move to the TRE-based model of data access within the next three years. In addition, the review calls for integrated access approvals; the details of which are yet to be determined. CPRD will align with any national policy recommendations in response to the Goldacre Review. Other key recommendations of the review included the use of Reproducible Analytical Pipelines (RAPs) to support high quality analytics that are reproducible, reusable, auditable and efficient.

PM invited members to comment on how this new national direction of travel may influence public trust on data sharing for public health and research purposes. Members supported CPRD working to be part of the national discussion on public engagement.

CPRD is undergoing an audit of the NHSD/CPRD anonymisation process. ONS disclosure risk experts are currently looking at three samples of linked datasets. PM noted that by the next CAC meeting, the results of the audit should be available to share with members.

The Chair thanked PM for the update.

4. Secretariat Update (Jonathan Lind)

JL provided an update to the CAC on metrics relating to applications received between 10 January – 10 May 2022. 108 new applications were received of which 50 (46%) were triaged as routine for internal review and 58 (54%) were triaged as non-routine for ERC review. For studies triaged as routine 10 (26%) were approved on first submission and 29 (74%) required resubmission. For studies triaged as non-routine 9 (19%) were approved on first submission and 36 (77%) required resubmission. CPRD will monitor the difference in required resubmissions between applications triaged as routine and non-routine. Overall review times are just under 9 working days for routinely triaged studies, whilst external reviews average 10 working days. This is in keeping with timeframe commitments for protocol reviews. The move to the online eRAP system continues to have no notable impact on review times.

JL discussed the upcoming phase of eRAP work, which will focus on dashboard enhancements to provide reviewers with more information to help manage and prioritise reviews. Members will provide feedback on this once launched. Members were pleased that these changes would not replace email correspondence, which remains an important means of notification, especially for lay members.

JL then asked members to respond to the proposals and criteria for delegating some reviews of resubmissions to CPRD that were included in the document pack. Member discussion centred on whether this would help with ERC workload and the mechanics of how this would work. Members agreed to a trial of an 'opt-in' system, for certain resubmissions. CPRD will continue to assign resubmissions for ERC review where the sections requiring revision, or the type of application (as per the Delegation Criteria), may impact on the public health benefits of the research.

5. Proposals to pair ERCs (Jonathan Lind)

JL presented proposals to pair ERCs. This was previously raised by Members at the last CAC meeting as a method to facilitate consistency and calibration across the ERCs. Members commented on the proposals and provided suggestions on how these could be implemented.

One member raised a concern that the presentation of the pairing table issued in the document pack gave the impression of gender bias. These concerns were acknowledged and would be considered when preparing future documentation.

There was broad agreement with the proposed ERC pairings. These would be rotated on a 6 -12-month cycle and CPRD would issue instructions to ERC Chairs about future rotations.

Discussions on these meetings, and whether further support is needed from CPRD, will be discussed at the next CAC meeting.

6. RDG 1-Year Review (Tarita Murray-Thomas)

TMT informed Members about the upcoming 1-year review of the RDG process, which was requested by the MHRA Patient Safety and Engagement Committee in April 2021, following original approval by the MHRA Board.

TMT commended Members for providing oversight of the triage process and noted that CPRD would welcome suggestions from Members and ERCs about possible areas for improvement in the RDG process. TMT noted that this feedback will assist the CPRD in completing the 1-year review, which is due by June 2022. Discussion points included: whether the current number and composition of ERCs is sufficient; whether any areas of the guidance needed to be updated; and whether eRAP was adequately supporting the calibration process of applications.

TMT presented a number of RDG post implementation review areas and related questions that CPRD was specifically interested to hear feedback on from ERCs. TMT asked Members for their preference to be contacted, if any, to share their input on these. Members commented that they believed the systems in place to support the RDG process were working well and agreed it may be best to arrange meetings for ERCs to go through the questions and provide feedback. TMT and PM agreed that the internal ERC reviewers would arrange these meetings and take notes. The Lay Members agreed to organise an additional meeting for Lay Members to attend on this item.

7. Triage Criteria (Tarita Murray-Thomas)

The Chair reminded Members that an important function of the CAC is to provide oversight of protocol triage, which is conducted by CPRD. The discussion for this item was led by TMT.

The first part focused on specific questions relating to the triage of comparative effectiveness studies, and a paper was provided for this as part of the document pack. The two questions members were asked to consider were:

1. The potential risks associated with the review of comparative treatment effectiveness studies by CPRD reviewers only.
2. Whether ERC review of such applications is justified and if so whether it may be possible to better distinguish comparative effectiveness studies for ERC and CPRD review.

Discussion focused on whether comparative effectiveness studies could be more optimally triaged. Following discussion, the Chair noted a consensus among Members that they had been receiving appropriately rated protocols. Committee Members also agreed that comparative effectiveness studies may also be allocated for ERC review, at the discretion of triage reviewers, and Members indicated that they understood the potential workload implications of this. The Chair suggested that other options for reducing workload burden could be considered by CPRD to counterbalance the increase in reviews of such studies.

The second part of the discussion focused on the CAC's oversight of triage more generally, considering the triage criteria provided in the document pack, as well as the Committee's thoughts on how the CAC provides oversight of triage.

Members noted that they were confident in the value of the triage exercise in providing a model for oversight of the RDG process and it should continue. Committee members agreed that the exercise should be completed for each of the four CAC meetings held per year.

8. AOB (Chair)

One Member raised the question of whether reviewers are expected to flag inappropriate statistical methodologies. Discussions centred on whether this was a function of the peer review process and beyond the remit of the reviewer role. Members broadly agreed that this would be beyond the scope of an RDG reviewer's role.

TMT clarified for one of the Lay Members the reasons for not triaging descriptive studies on drug adherence for ERC review.

The Committee members and Chair were thanked for their contributions in the meeting.

9. Summary and Close (Chair)

Agenda item	Action	Date to be completed by
N/A	CPRD to canvass CAC members for dates and book the next CAC meeting likely to be September/October 2022	August 2022
5	Feedback on the pilot of ERC pairings	Next CAC meeting
6	ERCs to provide any feedback relating to the RDG process, for the upcoming 1-year review	June 2022