



## EGCP The ICR Ethics & GCP Forum

11th April 2019



**The day will start at 08:45 with registration and coffee for a prompt start at 09:15.  
We aim to finish by 16:00.**

# ICR Training

EGCP The ICR Ethics & GCP Forum

3 CPD  
POINTS



11th April 2019

EGCP

Venue - UCL London, The Cruciform Building , London

Course Outline

## The Course

The ICR Ethics and GCP Forum provides an excellent opportunity to:

- Keep up to date with current ethical and clinical research issues
- Learn about new industry and regulatory initiatives
- Hear key industry figures speak about their specialist fields
- Network with fellow clinical research professionals

## Learning Objectives

### Spring Ethics & GCP Forum: Patient Participation

#### Provisional Agenda

**09:00** Registration

**10:00** Welcome

#### Ethics Forum

**10:15** MHRA Update

*Kirsty Wydenbach, Deputy Unit Manager/Senior Medical Assessor, MHRA Clinical Trials Unit*

**11:00** Update on HRA Approval and HRA Activity

*Janet Messer, Director of Research Systems, Standards and HRA Approval Programme*

**11:45** Ethics Presentation

*Heidi Chandler, R&I Manager, Barking, Havering and Redbridge University Hospitals NHS Trust*

**12:15** Sandwich Lunch

#### GCP Forum – Patient Participation

**13:30** Patient Engagement in Clinical Trials

*Dr Amanda Stranks, PPI/E and Communications Strategy Lead, NIHR Cambridge*

**14.15** Patient-Centricity

*Sarah Durston, Country Head, Site Management & Monitoring UK, Clinical Operations, Astra Zeneca*

**15:00** Comfort Break

**15:15** Key GCP Updates

*A summary of changes in GCP-related regulations and guidelines since the last Ethics/GCP Forum meeting*  
*GCP Steering Committee*

**16:00** Close

\*Please note this agenda is subject to change. Keep an eye on the [ICR Website](#) where we will be posting any updates or changes.

Ethics Forum Chair: Joan Perou

GCP Forum Steering Committee:

- Janice Hedgecock (Chair),
- Stuart Harris,
- Julia DeCesare
- Heidi Chandler
- Helen Buck

UCL Joint Research Office:

Helen Cadiou

### Who would benefit

### Course Fees

Guest	£50.00
ICR Member	£40.00
ICR Member Academic	£40.00

## Pre-Course Questionnaire - To be completed by all delegates

Please complete and sent to [training@icr-global.org](mailto:training@icr-global.org) or fax to +44 01628 501 709

Course Title: EGCP The ICR Ethics & GCP Forum

Date: 11 April 2019

Name: .....

Company / Hospital: .....

Position / Job Title: .....

How much experience of clinical trials do you have? (Years)

.....  
.....  
.....

What are you hoping to get out of the day?

.....  
.....  
.....

State one issue/problem you would like discussed at the meeting

.....  
.....  
.....

Special Dietary Requirements

.....  
.....  
.....

\* The ICR will work with the venue catering team and endeavour to accommodate specific dietary requirements e.g. Vegetarian/Vegan/Gluten Free - however it may not be possible to cover all requests for dietary preferences.



**Address:** UCL London, The Cruciform Building , Lecture Theatre 1 33 Gower Street London, GB, WC1E 6BT

The Cruciform Building is across the road from Euston Square tube Station . It is 5 minutes walk from Euston Station itself and approx. 15 mins walk from Kings Cross Station .

## Local Taxi Companies

## Accommodation

The ICR does not specifically recommend any accommodation - however the following are within easy travelling distance of the training venue

There are also a number of travel websites which may allow you to identify local accommodation and special offers - e.g. expedia

# The Small Print

As a matter of policy we do not issue electronic copies of the slides used.

All ICR materials are copyrighted.

All delegates receive a delegate book.

Payment must be received in advance of a training course commencing. The ICR has the right to refuse entry for non-payment. Payment by invoice must be settled within 14 days from the date of invoice.

We understand that occasionally circumstances may change and that you will be unable to attend your chosen course. Notification of cancellation must be made in writing. If you cancel **more than 14 days prior to the event**, we will refund the course less £50 to cover administration costs. If you cancel within 14 days, no refund will be payable, but we will allow you to transfer to another course of your choice.

We will accept a change of delegate at any time without you incurring a penalty. The Institute of Clinical Research reserves the right to cancel any course that is under-subscribed but will give you 7 days notice in writing and will refund your course fees without any liability for any consequential or indirect loss.

At anytime, you may transfer to the same course within 12 months, or to another course of your choice within 6 months; a £25 administration fee will be charged for such transfers.

We may also need to change the venue but will give you 7 days notice in writing of the new location.

Programmes as published are correct, however due to circumstances beyond our control, trainers, speakers and/or the programme may need to be altered occasionally.

The ICR will work with the venue catering team and endeavour to accommodate specific dietary requirements e.g. Vegetarian/Vegan/Gluten Free – however it is not possible to cover all possible requests for dietary preferences.

Please complete and sent to [training@icr-global.org](mailto:training@icr-global.org) or fax to +44 01628 501 709

## Registration Form

Please photocopy this form for further registrations

**Course Title:** EGCP The ICR Ethics & GCP Forum **Course Date:** 11 April 2019

**Membership No.:** ..... **Title(Dr,Mr,Mrs,etc):** ..... **First Name:** .....

**Surname:** ..... **Job Title:** .....

**Company Name:** .....

**Email Address:** .....

Confirmation of booking will be sent by email, unless you request here that it is sent by post ☐

### Correspondence Address

**Address:** .....

**Postcode:** ..... **Country:** ..... **Telephone Number:** .....

### Special Dietary Requirements

.....

### Declaration

I agree to the terms and conditions of booking **Signature:** .....

### Method of Payment

Please note that your place will only be confirmed when payment has been received (please tick as required)

**I wish to pay the fee of** .....

☐ I enclose a cheque payable to "The Institute of Clinical Research"

**OR**

☐ I wish to pay by

☐ VISA ☐ MASTERCARD ☐ DELTA ☐ EUROCARD

**Card Number**

**Start Date**     **Expiry Date**

**Name (as it appears on the card)** .....

**Signature of card holder** .....

**OR**

☐ Please invoice my company using Purchase Order Number  Invoices can only be raised when a PO no. is provided

### Correspondence Address

**Address:** .....

**Postcode:** ..... **Country:** .....