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association for **clinical data management**

Highlights of recent regulatory updates from MHRA including Good clinical practice for clinical trials and annotations to ICH E6 (R3) and ICH E8 (R1)

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Recent updates from MHRA

The ACDM Regulatory considerations DMEG Regulatory considerations reviewed several recent publications from the UK Medicines and Healthcare products Regulatory Agency (MHRA) including the release of new guidelines, updates to the Inspection Dossier templates and annotations to ICH E6 (R3) and ICH E8 (R1).The summaries below highlight the updates which impact data managers including:

- AI/ML documentation for Data Management
- Clinical trial record archiving and retention
- Data protection and subject rights

In Oct 2025, MHRA and the Health Research Authority (HRA) released updated **Clinical Trial Regulations (CTR)** that will come into force on 28 April 2026. On their website MHRA states that "The updated regulations are designed to protect trial participants, strengthen patient safety, and accelerate approvals by reducing unnecessary burdens on researchers, to support high-quality, trusted research taking place in the UK."[1]

In Dec 2025 MHRA released Good clinical practice for clinical trials which included updates to the inspection dossier templates. Of particular importance to data managers is a new section detailing requirements for Artificial Intelligence and Machine Learning.

Between Jan and March 2026, MHRA published multiple guidance documents to support the CTR. These can be found in the MHRA Clinical Trials Hub, The Regulatory considerations DMEG reviewed the guidance and noted three that impact data management activities:

- Archiving and retention of clinical trial records
- UK-specific annotations to ICH E6
- UK-specific annotations to ICH E8

Updates to Inspection Dossier Template

In addition to the new guidance noted above, MHRA also updated their **pre-inspection dossier documents**. This includes the addition of requirements for Artificial Intelligence and Machine Learning in the GCP Inspection Dossier template. These are documented in Section 2.13 and include the following:

- Please explain where artificial intelligence and/or machine learning is utilised in your organisation for the delivery or management of clinical trials. Please include:

- Names of the systems or tools used.
- What these systems/tools are used for.
- How long these systems have been used for.
- Whether these systems/tools were developed by your organisation or purchased from service providers.
- How systems are trained and/or validated by your organisation.
- The documented processes that are in place relating to the management of systems/tools including (re)validation, user training and operational use (including human oversight)

This information is in addition to Section 1.3 which explains the required information for general computer systems used in the conduct of clinical trials and Section 2.12 Computer Systems which asks:

- Who is responsible for computer systems used in clinical trials that are listed in section 1 item 3?
- Where are servers located (describe cloud systems and providers etc.)?
- What information/data is/are stored where?
- What back-up and disaster recovery plans are implemented?

While data managers are used to providing the information in Section 1.3 the documentation for AI/ML is a new task. Whenever AI/ML tools are used to support DM tasks Data managers should ensure appropriate documentation is generated during study planning, setup and conduct to be inspection ready.

Highlights from New MHRA Guidance which impacts DM

The DMEG reviewed the new guidance on Archiving and retention of clinical trial records and identified the following items that impact data managers. The MHRA noted that they are aligned with the definition of essential records outlined in Appendix C of ICH E6 (R3). However, MHRA goes on to state that per **Regulation 31A** essential records must be retained for at least 25 years from the conclusion of the trial, or longer if required for marketing authorization. While this aligns with EMA requirements it does not align with current FDA or Health Canada requirements.

MHRA also aligns with ICH expectations that sponsors, investigators and service providers must ensure records are complete, legible and available for inspection.

Regulation 31A (9) outlines the requirement that the sponsors identify a named individual who will be responsible for archiving documents which are or have been in the TMF. MHRA also requires that access to the archived documents must be restricted to the named individual(s), auditors, and inspectors.

MHRA stipulates minimum requirements for archiving and data integrity including security, access and environmental storage controls. Regarding electronic records, MHRA notes that the systems must have audit trials, metadata, and long-term readability. If electronic records are migrated to a new format, this migration must be validated and documented.

MHRA stipulates that records must not be destroyed until after the record retention period is met. If records are accidentally damaged or destroyed prior to this, the organization must perform an impact assessment. If the assessment shows an impact on the ability to present the records for inspection, this must be submitted as a serious breach notification.

Any study that is not submitted prior to 28 April 2026 will be required to comply with this guidance.

Annotations on ICH E6 (R3) and ICH E8 (R1)

MHRA also published comments or annotations on more than 40 sections of **ICH E6 (R3) and ICH E8 (R1)**. You can review the full list of UK-specific (ICH) E6 (R3) Annotations and UK- specific annotations to ICH E8 on the MHRA website. The DMEG identified 4 annotations to ICH E6 (R3) and 3 annotations to ICH E8 (R1) that have an impact on data managers, these are described below:

ICH E6 (R3) annotations

Principles of ICH GCP (II), 1.6 MHRA states their expectations for compliance with the UK General Data Protection and Regulation (GDPR) and the Data Protection Act of 2018. While data managers are familiar with complying with the EU GDPR, they must now ensure compliance with the UK GDPR.

The annotation provides links to information on implementing the UK GDPR for researchers and study co-ordinators and for data protection officers, information governance officers and research governance managers.

Principles of ICH GCP (II) 9.5 MHRA notes that records for trials that continue or start past 28 April 2026 must be retained in accordance with regulation 31A of the Clinical Trials Regulations. (see also the new guidance on Archiving and retention of clinical records).

Annex 1 2.8.10 (n) MHRA notes that in the case of patient withdrawal organizations must comply with the UK GDPR and Data Protection Act regarding the patient's data subject rights. However, MHRA notes that these rights are limited in the context of clinical research. MHRA includes a link to the National Health Research Authority page on data subject rights which notes that in general clinical research participants will not be able to access their data, rectify it or have it erased. But MHRA cautions that if a participant chooses to invoke these rights, this should be discussed with the Data Protection Officer.

Annex 1 3.12.2 serious breaches MHRA notes that organizations must comply with the regulations applicable to the reporting of serious breaches are given in regulation 29A of the **Clinical Trials Regulations**. Regulation 29A Requires that serious breaches are reported in writing with 7 days of the organization becoming aware of the breach. Serious breaches are defined as those that are likely to impact safety or physical and mental integrity of the subjects or the scientific value of the trial to a significant degree.

ICH E8 (R1) annotations

2.1 and 5.7 discuss patient confidentiality and privacy. MHRA repeats their position on the annotation to ICH E6 (R3) **Principles of ICH GCP (II), 1.6**, that in addition to data privacy requirements outlined in ICH E8 (R1) **2.1 and 5.7** researchers must also comply with the UK General Data Protection and Regulation (GDPR) and the Data Protection Act of 2018.

4.3.4 discusses Post-approval studies (PASS), here MHRA reiterates that interventional PASS studies are considered clinical trials and must comply with the Clinical Trials Regulations.

5.7 discusses use of external data sources, here MHRA reminds researchers that they can refer to the **MHRA guidance on the use of real-world data in clinical studies to support regulatory decisions**.

Conclusion

In general, the new MHRA CTR, guidance, and annotations are in alignment with current ICH expectations. However, there are key differences that are important to account for including records retention period and data privacy and protection.

MHRA has also signaled in the **UK Specific Annotations to ICH E8 R1** and the Guidance on quality and risk proportionality (released March 27, 2026) that the agency expects trials to demonstrate a risk-based approach when planning, conducting and overseeing clinical trials.

The ACDM Regulatory considerations DMEG will continue to review MHRA guidance as they are published. The next document we will review will be the **Guidance on quality and risk proportionality** (published 27 March 2026). In the interim, you can review that document at the MHRA Clinical Trial Hub.

1- Pound, J., & Messer, J. (2025, October 28). Clinical trials regulations: Six-month countdown begins. Gov.uk. Retrieved February 7, 2026, from https://mhrainspectorate.blog.gov.uk/2025/10/28/clinical-trials-regulations-six-month-countdown-begins

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