Question 1: What laws or regulations apply to an application for conducting a clinical trial in Poland?

The Pharmaceutical Act of 2004 includes, under Chapter 2a, legislation on Clinical Trials of Therapeutic Products. The detailed legislation is set out in Articles 37a to z and aa to al, and adopts the principles of the clinical trials Directive 2001/20/EC. It also covers veterinary products. This Act was amended a few times since 2004. The very last amendment was in *Legislation Journal of the Republic of Poland (2010)* 107: Pos.679. (unified text: [http://isap.sejm.gov.pl/DetailsServlet?id=WDU20090950788](http://isap.sejm.gov.pl/DetailsServlet?id=WDU20090950788)).


The Polish Medical Act of 1996, under Articles 21 to 29, provides legislation regarding medical experiments on humans and, for example, specifies that only a physician (or a dentist) can conduct such experiments, including clinical trials.


The other important national regulations are:

A very important document which should be recognized as a national medical guideline is the Code of Medical Ethics (2003) prepared and published by National Chamber of Physicians and Dentists (http://www.nil.org.pl). In this document in Chapter II on Scientific Research and Biomedical Experiments detailed guidelines are set out in Articles 41a to 51 (http://www.nil.org.pl/xml/nil/wladze/str_zl/zjazd7/kel).

There is no legislation about the use of human tissue in research, but there is legislation about tissue transplantation – July 1, 2005 Act about sampling, storage and transplanting of cells, tissues and organs. Legislation Journal of the Republic of Poland (2005) 169: pos. 1411.

**Question 2:** Which government, legal or authoritative body or bodies is or are responsible for the establishment and/or accreditation of (research) ethics committees for IMPs, and for their supervision and quality? Are there different (research) ethics committees reviewing other projects?

There are three groups of Bioethics Committees in Poland, all covered by the 1999 Regulations (see Question 1).

- The Bioethics Committees of the Medical Universities.
- The Bioethics Committees of the (non-university) Medical or Scientific Institutes.
- The Bioethics Committees of the Regional Chambers of Physicians and Dentists (*NB The Regional Chambers are the regulatory bodies for doctors and dentists in Poland*).

They all consider all types of research involving human subjects, depending on the location of the Chief Investigator, or, for multi-centre studies, the Co-ordinating Investigator.

Bioethics committees evaluate all kind of medical research (medical research - legal definition – is research which is conducted on humans by physicians or dentists) including all types of clinical trials.

There is no accreditation system for supervision or quality of the research ethics committees.

**Question 3:** What is the process for achieving clinical trial authorisation from the competent authority in Poland?

The sponsor must apply for an authorisation to conduct a clinical trial on an IMP to the competent authority in Poland, which is the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products, one department of which is responsible for GCP assessment and maintains the Central Register of Clinical Trials ([http://www.urpl.gov.pl](http://www.urpl.gov.pl)).

**Question 4:** What is the process for obtaining ethical review of a clinical trial protocol by a competent (research) ethics committee in Poland?

The Chief Investigator, or the Co-ordinating Investigator, must apply for a Bioethics Committee opinion to the appropriate committee depending on his or her place of work and the site at which the trial is to be conducted. The process for obtaining ethical review of a clinical trial protocol contains of the following steps:

1. An expert (or experts if necessary) chosen by the Chairman of the REC is (are) obliged to prepare a preliminary opinion about clinical trial.
The Procedure for the Ethical Review of Protocols for Clinical Research Projects in Europe

(Update: May 2011)

2. All REC members are notified about the preliminary opinion (usually the preliminary opinion is red during the REC session).

3. There is a discussion about main topics (risks, rationale, scientific value, quality of documents) of the clinical trial.

4. Main investigator is invited for interview.

5. Main investigator leaves the session and discussion keeps going.

6. Main investigator is invited again and informed about conditions and amendments which should be implemented into the project (if it is necessary). The main investigator has the right to accept proposed changes or to reject them.

7. Than main investigator leaves the session again and members ballot for or again the project (positive opinion means majority of positive votes).

8. Main investigator is invited again and the final opinion about the project is announced.

9. Negative opinion of the REC might be appealed to the Appeal REC in the Ministry of Health.

10. The Appeal REC repeats the whole process of evaluation and its decision (opinion) is final.

**Question 5:** Is there a single organisation to which to apply for ethical review of a clinical trial for an investigational medicinal product, regardless of whether this is for a single site or multiple sites?

According to polish provisions every project of clinical trial must be evaluated by:

1. Research Ethics Committee (in Poland named Bioetics Committee).
2. Competent governmental authority (The Office of Registration of Medicinal Products, Medical Devices and Biocidal Products).

Both institutions may perform ethical review of a clinical trial.

In multicenter clinical trials of medicinal products Polish regulations are in accordance with art. 7 DIRECTIVE 2001/20/EC. Similar regulations are for multicenter clinical trials of medical devices.

**Question 6:** What is the website for the organisation that issues guidelines on the ethical review of a clinical trial for an investigational medicinal product?

www.bioetyka.net
Question 7: Is there a procedural interaction between the national or local competent authority and the (research) ethics committee during the approval process?

No. However, the Bioethics Committee is required to provide the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products with a copy of its opinion following the ethical review, and this Office will not issue an authorisation for the trial unless the Bioethics Committee opinion is favourable.

Question 8: Does the application to the REC and to the competent authority have to be submitted in parallel, or, if not, in which order?

The applications can be considered in parallel, but the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products has the final say, as it will not issue an authorisation for the trial without a favourable opinion from the Bioethics Committee.

Question 9: How many (research) ethics committees are there in Poland?

There are 52 Regional Bioethics Committees and one Appeal Bioethics Committee in the Ministry of Health.

The 52 Regional Committees comprise:

- 12 appointed by the Medical Universities.
- 17 appointed by the Medical or Scientific Institutes.
- 23 appointed by the Regional Chambers of Physicians and Dentists.

They are all recognised for the review of all clinical trials with IMPs.

Question 10: How are RECs funded in Poland? Do they charge fees? If yes, what is their scale of fees?

There is no central funding for Bioethics Committees in Poland. The committees established by the universities and the medical/scientific institutes are funded by their parent bodies, but they rely on fees from sponsors for the assessment of sponsored studies. Unsponsored studies are assessed free of charge. The committees established by the Regional Chambers of Physicians and Dentists also rely on fees from sponsored studies for their funding, but whereas they will also assess unsponsored studies free of charge, they will not give a decision on such studies, as their opinion has to be referred back to the Regional Council of Physicians for a final decision. In these cases the Regional Chamber of Physicians and Dentists must cover all expenses connected with the evaluation of unsponsored studies.

Source: Czarkowski M, Różanowski K. Polish Research Ethics Committees in the European Union system of assessing medical experiments. Sci Eng Ethics. 2009 Jun;15(2):201-12 (See 41A below) for an abstract of this article).
The level of fees charged depends on a number of factors, including the location of the clinical trial; some committees charge a single fee for the complete assessment of a study, whilst some charge a lower fee for the initial assessment followed by additional fees for any subsequent assessment. There is no fixed tariff, each regional committee setting its own level of fees and each university or institute committee having its fees determined by the parent body. Thus in Warsaw, for example, the Regional Chamber of Physicians and Dentists charges 8,500 zlotys (= 1,800 euros) for the total ethical review process of a clinical trial submission.

**Question 11:** Who is responsible for submitting the request for ethical review to the competent (research) ethics committee for single-site and for multi-site clinical trials?

The 1999 Regulations allow either the sponsor or the investigator to submit an application. However, the investigator is preferred. In fact CROs (Clinical Research Organisations) are submitting applications. Application forms for multicenter or single-site clinical trials of medicinal products and medical devices as well are standardised (special provisions – Orders of the Minister of Health were published). Different application forms are prepared for submission to the REC and to the competent authority (The Office for Registration of Medicinal Products, Medical Devices and Biocidal Products - [http://urpl.gov.pl/](http://urpl.gov.pl/)).

**Question 12:** How is a “single opinion” achieved for multi-site studies?

The Co-ordinating Investigator is identified and the appropriate Bioethics Committee for that investigator provides the “single opinion”. The study sponsor (i.e. the pharmaceutical company) selects a national coordinator for a multicenter clinical trial. Bioethics committee to which national coordinator is subordinated will review the multi-site clinical trial’s protocol – Art.37s of the Polish Pharmaceutical Act. (According to Polish law, the study sponsor is responsible for selecting a national coordinator for a multi-site clinical trial).

A site specific assessment is sought from the relevant Bioethics Committees for any other investigators and centres in Poland and is required within 14 days of the request for information. However, a passive approval process is in operation and no response is regarded as a favourable response.

**Question 13:** How many members serve on a REC?

Between eleven and fifteen.

**Question 14:** How many members constitute a quorum?

50% + 1 including at least two lay persons (a priest, a nurse, a pharmacist, a philosopher or a lawyer). Any bioethics committee session is not valid if chairman or vice-chairman is not present at the session.
Question 15: How are REC members appointed?

Those for Medical Universities are appointed by the Rector, and those for Medical and Scientific Institutes are appointed by the Director, in both cases with advice. Candidates for those for the Regional Chambers of Physicians and Dentists are nominated and then voted in by the representative Regional Council of Physicians at a secret ballot or public voting.

Question 16: How is the independence of members ensured?

The 1999 Regulations require that the background details of all Bioethics Committee members be published. Members of the bioethics committees in Poland cannot be dismissed. There are two exceptions - when the member does not participate in bioethics committee sessions, or when the member asks for dismissal.

Question 17: How are conflicts of interest of REC members avoided?

Members of a Bioethics Committee are expected to declare any conflicts of interest and should there be any significant conflict of interest, such as participation in the trial under review, the member must leave the meeting and take no part in that review process. But these regulations are not specified in governmental legislation. Some RECs have these obligations in their internal statute.

In the new legislative proposal conflict of interest is mentioned, but until now these regulations were not implemented.

Question 18: What backgrounds and/or qualifications of members are actively sought?

The 1999 Regulations specify that each Bioethics Committee may include a priest, a nurse, a pharmacist, a philosopher and a lawyer, but also other lay persons as well and the remainder being physicians. There is no requirement for a paediatrician, a psychiatrist or a statistician to be appointed. All candidates to the Bioethics Committee must have the highest professional qualifications and at least 10 years history of professional practice. There is no obligation that the number of physicians should prevail the number of other members but in fact in almost all committees physicians are in the majority. More details in this issue are available in: Czarkowski M., Rózanowski K. Polish Research Ethics Committees in the European Union system of assessing medical experiments. Sci Eng Ethics. 2009 Jun;15(2):201-12. (see Question 44 – Additional information).

Question 19: How do RECs obtain specialist expertise?

Every project is evaluated by an appropriate specialist, if not represented on the Bioethics Committee already (including, for example, a paediatrician or a psychiatrist). No statistical advice is sought as a standard procedure.
Question 20: What are the training requirements for members of RECs?

There are no mandatory requirements for the training of members of Bioethics Committees. However, participation in conferences and other training schedules is encouraged. Expenses connected with the training of members of Bioethics Committees might be covered from Bioethics Committees’ resources.

Question 21: What training programmes are available for REC members in Poland?

There is no formal training programme specified in the Regulations, but course are organised by the GCP Society and by the Bioethics Committees themselves. The Bioethics Center of the Polish Medical Council will start training courses for members from June 2009. During the next 2 years it is expected that all members of Polish bioethics committees will be offered training.

All interested persons may attend post graduate studies:


Private companies organise many payable trainings or seminars dealing with these topics. They are prepared for monitors, workers from pharmaceutical companies, researchers. Members of RECs may attend these courses or seminars as well.

Question 22: What are the timelines for the assessment of single- and multi-site studies?

The ethical review of any study, whether single- or multi-site, must be completed within 60 days. The clock may stop to request further information or clarification from the applicant.

In the case of multi-site studies, site-specific assessments (SSA) may take place in parallel with the main application so that the main REC has information about all the other sites within the 60 days. The timeline for SSAs is 14 days, but no response is deemed to be a positive response.

Question 23: How are substantial amendments submitted during the review process dealt with?

These are dealt with within the periods allowed for the clock to stop.
**Question 24:** How does a REC assess the suitability of investigators and of sites?

A CV must be submitted with each application to a Bioethics Committee and main investigators must attend the meeting of the committee that considers the application. Permission is needed from the authorities responsible for the hospital, university or institute where the study is to be conducted, and this must be submitted to the Bioethics Committee. The 1999 Regulations specify that the decision of the Bioethics Committee must be conveyed not only to the investigator and the Office for Registration of Medicinal Products, Medical Devices and Biocidal Products, but also to the authorities of the centre where the trial will be conducted (for example: hospital, private office etc.).

**Question 25:** How are the requirements for (research) ethics committees to review the contractual or financial arrangements in clinical trials for both investigators and hospitals handled?

In the Order of the Minister of Health concerning the application form for authorization of clinical trial of medicinal product and to obtain an opinion about clinical trial of medicinal product from bioethical committee appeared the requirement for RECs and governmental bodies to review the contractual and financial arrangements between sponsor and investigator, sponsor and center (for example hospital) and center and investigator.

**Question 26:** How are the requirements for (research) ethics committees to review the compensation arrangements for study subjects handled?

The law forbids payment to patients for taking part in a clinical trial, other than their travelling expenses. Loss of earnings might be included in the lump sum. Payment may be made to healthy volunteers taking part in bioavailability studies, or Phase I studies conducted in Poland. Payment for “sick” volunteers is forbidden.

**Question 27:** Is there an ongoing quality assurance process (e.g. audits, inspections, internal SOP) for (research) ethics committees in Poland?

Not yet.

**Question 28:** Is there an appeal mechanism?

Yes. An appeal against any negative decision made by a Bioethics Committee can be made within 14 days to the Appeal Bioethics Committee of the Minister of Health (*NB The hearing of appeals is the only function of this committee*).
**Question 29: How do RECs deal with SUSAR reports and Annual Safety Reports?**

Individual SUSAR reports are received and evaluated by the expert who evaluated the original protocol and then presented during sessions of Bioethics Committees. In questionable or doubtful cases Bioethics Committee asks for further clarifications. Any expert’s opinion and SUSAR reports are included within the project archives.

Annual Safety Reports are evaluated by the member of the Bioethics Committee, or expert, who evaluated the original protocol.

**Question 30: How are ‘substantial amendments’ defined?**

These are clearly defined in the 2004 Act and in the Order of the Minister of Health concerning detailed requirements of Good Clinical Practice.

**Question 31: What are the indemnity insurance requirements for research projects?**

Prior to 2004, information regarding indemnity insurance had to be specified in the application to the Bioethics Committee. Under the 2004 Act, however, every clinical trial must have liability insurance that identifies who would be responsible for any ‘harm’ arising from the conduct of the trial. Detailed legislation is specified in two Orders of the Minister of Finance – the latest amended document is listed above.

The guarantee amount depends on the number of participants:

- €500,000 – for less than 10 participants.
- €1,000,000 – 11 to 25 participants.
- €2,000,000 – 26 to 50 participants.
- €4,000,000 – 51 to 100 participants.
- €5,000,000 – more than 100 participants.

Liability insurance is not optimal. The best type of insurance is No-fault insurance and this type of insurance would be implemented in amended proposal.

**Question 32: What are the indemnity insurance requirements for (research) ethics committee members themselves?**

This is not covered, though it is largely recognised as being a hypothetical liability. Nevertheless, some lawyers consider it important that such liability is covered, and some Bioethics Committees do therefore have indemnity insurance.

**Question 33: How is informed consent obtained from vulnerable subjects who are potentially to be involved in a clinical trial?**

Various safeguards exist and are precisely described in the Regulations. Clinical trials involving children are covered by Minister of Health Regulations of April 2004,
mentally ill patients unable to give consent may be legally represented, and research on the unconscious patient is covered by submitting a protocol for such a study in advance to the Local Guardianship Court: this Court can then give permission for such a study to take place on condition that it is notified when an unconscious patient is actually recruited.

**Question 34: How do RECs assess the progress and outcome of research projects that they have approved?**

Order of the Minister of Health concerning detailed requirements of Good Clinical Practice and last amendments of the Pharmaceutical Act regulates these requirements. Polish RECs have only passive role in these procedures. There are some documents and information which should be applied or reported to the REC. REC may accept or reject these documents. But an REC has no right to perform any inspections. It is a prerogative of the competent authority only.

**Question 35: How does the REC ensure reception of the Annual Safety Report and the Summary of the Final Report of a research project that it has approved?**

Order of the Minister of Health concerning detailed requirements of Good Clinical Practice and last amendments of the Pharmaceutical Act regulates these requirements.

**Question 36: Do national regulations in Poland allow research on healthy volunteer children (subjects under 16)?**

In Polish regulations there are two types of medical research - therapeutic and non-therapeutic medical research. In both types the participation of children is possible although in non-therapeutic (direct profit to the participant is not obligatory) research children may participate if:

- Similar results could not be obtained in another competent group of subjects (adults).
- Expected profits have direct value for minors' health.
- Risk is minimal and not disproportional to the expected positive outcomes.

**Question 37: Do national regulations in Poland allow payment, (other than expenses), to children taking part in research?**

Payment to minors is forbidden (the reimbursement of incurred costs is possible).

**Question 38: Do RECs invite or allow a) applicants or b) observers to attend committee meetings?**

Main investigators are obliged to attend REC sessions, but they do not participate in the whole session – discussion among members is secret. Polish provisions do not touch the question of observers. Thus it depends on the local policy.
**Question 39:** Are the minutes of (research) ethics committee meetings made public?

Polish provisions do not touch this question. The minutes are not published or presented in the internet. Although in my committee part of the minutes related with the topic of interest might be delivered to the stakeholders of the process (for example main investigator) but the discussion section is anonymous (names of members are removed). The idea of this policy is – avoid any unfair lobby on uncompromising members.

**Question 40:** Is there any scope for Chairman’s actions in between meetings?

According to my interpretation of Polish provisions all legal decisions should be made by the RECs during the sessions in the presence of 50% plus 1 members of REC and chairman or vice-chairman among them.

**Question 41:** Do (research) ethics committees ever appoint subcommittees for any specific purpose?


**Question 42:** Is there a national policy on the registration of clinical trials before they start?

Yes, clinical trials must have EudraCT number before the application form will be submitted to the competent authority.

**Question 43:** If the answer to Question 42 is ‘yes’, do (research) ethics committees have any role to play in reviewing such registration?

In Poland competent authority and RECs have an obligation to evaluate each clinical trial project independently. The final decision is left to the competent authority because competent authority decision is not possible until REC will present its positive assessment of the project. REC has no other role in the registration process. But in rare cases REC may ask the Minister of Health to suspend clinical trial or withdraw the permission.

**Question 44:** If the answer to Question 42 is ‘yes’, is this register of clinical trials made available to the public?

No, the register is not available to the public, but on the request of any interested person the chief of the competent authority (Office for Registration of Medicinal Products, Medical Devices and Biocidal Products) may give a permission to present some data.
Additional information


Abstract

The Polish equivalents of Research Ethics Committees are Bioethics Committees (BCs). A questionnaire study has been undertaken to determine their situation. The BC is usually comprised of 13 members. Nine of these are doctors and four are non-doctors. In 2006 BCs assessed an average of 27.3 ± 31.7 (range: 0–131) projects of clinical trials and 71.1 ± 139.8 (range: 0–638) projects of other types of medical research. During one BC meeting an average of 10.3 ± 14.7 (range: 0–71) projects of medical research were assessed (2006). The amendment of Polish laws according with Directive 2001/20/EC caused a percentage increase in BCs which assessed less than 20 projects per year (16% vs. 33% or 42% in 2003 vs. 2005 or 2006 respectively, p < 0.05). The results confirm the usefulness of the current practice of creating BCs by medical universities, medical institutes and regional chambers of physicians and dentists but rationalization of the workload for individual BCs is necessary.

Keywords  Research ethics committees - Bioethics committees - Clinical trials - Medical research – Polish

*EFGCP May 2011*