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SCIENCE MEDICINES HEALTH

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Good Clinical Practice Inspectors Working Group (GCP IWG)

ANNEX VI
TO PROCEDURE FOR CONDUCTING GCP INSPECTIONS REQUESTED BY THE CHMP: RECORD KEEPING AND ARCHIVING OF DOCUMENTS

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1 Introduction

The scope of this document is to provide guidance for the record keeping and archiving of documents in relation to all Good Clinical Practice ("GCP") inspections carried out by the competent authorities of Member States of the European Union on behalf of the EMA in the context of a centralized procedure.

An inspection file is an organised body of records produced or received during the performance of the GCP inspection and which contains all correspondence concerning the inspection, documents submitted by the sponsor and/or applicant and the documents retrieved and copied during the inspection.

The Lead Inspectors ("LI") participating in an inspection have to open local inspection files, which content is described in appendix 1.

A central file should be also kept by the Reporting Inspector ("RI"), which content is described in appendix 2.

Local standard operating procedures ("SOPs") concerning the management of documents are not affected by this procedure, except where it is more stringent.

2 Management of the inspection files

2.1 Responsibilities

The LIs and RI should establish the local and the central inspection files, respectively, immediately after appointment. The general layout of these files should be in accordance with the format as described in the appendices to this procedure.

All entries in the files should be made or completed at the time each action is taken and should be added in chronological order within the sections of the appendix.

All ensure that all copies of relevant data/documents are routed to the RI so that the information can be incorporated into the Central Inspection File and filed properly during the conduct of the inspection.

Locally collected information by all participating inspectors (validated copies of relevant data/documents, etc.) is filed into the local Inspection file(s) according to the procedures of the concerned inspectorates. A copy of all local information that is of a general importance or reflects on the whole of the inspection is sent to the RI to be incorporated into the Central Inspection File, in particular documents which are evidence in inspection findings that might adversely affect the rights, safety and/or wellbeing of the trial participants and/or the quality and integrity of data.

2.2 Storage

The local inspection files are preserved by the concerned inspectorates while the central inspection file, where applicable, has to be maintained at the reporting inspectorate.

It is the responsibility of the involved inspectorates to store the inspection files under conditions that prevent accidental or premature destruction of the documents according to national requirements.

The inspection files should be stored safely in a suitable archive for the whole retention period and only authorised personnel shall have access to the archives.

Documents may be stored electronically, onto human readable media or other new media as changes in technology demand. If documents are to be archived using electronic or optical media, the methods for transferring the data to these media should be validated. A suitable backup-strategy must be implemented to prevent loss or destruction of data. There must be a possibility to generate hardcopies throughout the period of retention.

2.3 Confidentiality and security

Each concerned authority is responsible for ensuring the correct application of applicable data protection requirements.

On reasonable request of a Member State inspectorate, the EMA or the Commission, the documentation could be made available for review whenever not accessible on the EU clinical trial system at the time of request. Access will not be provided to parties other than the Commission, the EMA or the Competent Authorities or the duly appointed experts of these parties, unless otherwise is indicated by legislation[1].

Whenever an authority grants access to the inspection file(s) or parts thereof, this access should be recorded. If copies of documents are required these may be provided, subject to confidentiality, to the parties mentioned above. The parties in receipt of the documents then bear full responsibility for ensuring their continued confidentiality.

2.4 Retention period and destruction

The inspection files should be maintained for at least 25 years or as determined by national requirements, whichever retention period is longer. After this time, the inspection files could be removed from the archives for destruction. The signature of the person who is responsible for the destruction of the inspection file and the date of the destruction has to be recorded and should be kept in the archives for unlimited time.

[1] Such as national legislation on Freedom of Information.

APPENDIX 1: FORMAT OF A LOCAL INSPECTION FILE

1. Table of contents

2. Communication

- With requesting party.
- With the participating inspectors and, where applicable, Reporting Inspector.
- With assessors.
- With applicant/sponsor with inspectees.
- Others.

3. Trial related documents[2]

Provided by the applicant/sponsor (as applicable, a note to file is accessible on the EU clinical trial system):

- Protocol and amendments.
- Clinical study report.
- Investigator's brochure.
- Blank patient informed consent forms.
- Patient listings and audit trails.
- Other.

4. Inspection related documents

- Inspection request/announcement.
- Inspection team composition.
- Contracts.
- Planning documents (such as, but not limited to, inspection plan, agenda etc.).
- Other.

5. Locally collected information of general importance

- Documents retrieved or copied during the inspection.

[2] Multiple copies of documents from the applicant/sponsor may be sent to each member of the inspection team. One copy has to be retained in the Local and Central Inspection File as required by Appendix 2 of this Procedure. Therefore the concerned inspectorates could decide on the destruction or the return of those documents. The destruction or return of documents has to be recorded in the Inspection File.

6. Inspection Reports

- Inspection Report(s) (that was/were sent to the inspectee(s) for comments).
- Response of the inspectees.
- Inspection Report (final version) or close-out documents of the inspection.
- Integrated Inspection Report (final version), where applicable.

APPENDIX 2: FORMAT OF THE CENTRAL INSPECTION FILE

1. Table of contents

2. Communication, if applicable

- With requesting party.
- With lead inspector(s) and participating inspectors.
- With assessors.
- With applicant/sponsor.
- With inspectees.
- Others.

3. Trial related documents

Provided by the applicant/sponsor (as applicable, a note to file is accessible on the EU clinical trial system):

- Protocol and amendments.
- Clinical study report.
- Investigators brochure.
- Blank patient informed consent forms.
- Patient listings and audit trails.
- Other.

Provided by assessor:

- Clinical study report (if applicable).
- Assessment reports.
- List of questions.
- Response to the list of questions.
- Other.

4. Inspection related documents, if applicable:

- Inspection request.
- Inspection team composition (central and for each selected site).
- Contracts.
- Planning documents (such as, but not limited to, inspection plan, agenda etc.).

- Other.

5. Locally collected information of general importance

- Documents retrieved or copied during the inspection.

6. Inspection Reports

- Inspection Reports (including the responses of the inspectee(s)) and evaluation of Integrated Inspection Report (final version).

APPENDIX 3: REFERENCES AND RELATED DOCUMENTS

i. Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC.

ii. Commission Implementing Act on Detailed arrangements for clinical trials inspection procedures including the qualifications and training requirements for inspectors, pursuant to Article 78(7) of Regulation (EU) No 536/2014.

iii. Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the community code relating to medicinal products for human use, as amended.

iv. Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency.

v. EUDRALEX "Guidelines for Clinical Trials", Volume 10 of the Rules Governing Medicinal Products in the European Union.