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Committees and Inspections

Annual Report of the Good Clinical Practice Inspectors Working Group 2017

Adopted by the GCP IWG on 28 June 2018

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1. Introduction

This document is the tenth annual report of the GCP IWG[1]. This group was established in 1997 under the scope of Article 51(e) of Regulation (EC) No. 2303/93, subsequently amended as Article 57(1)(i) of Regulation (EC) No. 726/2004.

The GCP IWG focuses on harmonisation and coordination of GCP related activities at EU[2] level. The group's role and activities are described in more detail in its mandate, which was revised in 2013, the work plan and also in volume 10, chapter IV of the publication "The rules governing medicinal products in the European Union".

The group supports the coordination of the provision of GCP advice and maintains a dialogue with other groups such as CHMP[3], CVMP[4], CMDh[5], PhV IWG[6], GMP/GDP IWG[7] and other groups, as needed, on areas of common interest.

This annual report is set out in line with the format and objectives of the 2017 work plan.

2. Meetings

The plenary GCP IWG meetings took place on:

- 28 February-01 March 2017;
- 12-14 June 2017;
- 04-05 September 2017;
- 28-29 November 2017.

Meetings with interested parties:

- Joint meeting with interested parties on topics related to e-source data/EDC tools in clinical trials took place on 12 June 2017.

During 2017, the following GCP inspectors' subgroups/working parties were involved in the discussion of specific topics and drafting documents:

- GCP IWG/CMDh working party (refer to section 7.5), 2 face to face meetings and 2 Adobe connect teleconferences;
- GCP IWG TMF[8] subgroup (refer to section 4.1), 1 adobe connect teleconference was held in 2017 before finalisation of the TMF document prior to public consultation.

[1] Good Clinical Practice Inspectors Working Group
[2] European Union
[3] Committee for Medicinal Products for Human Use
[4] Committee for Medicinal Products for Veterinary Use
[5] Coordination Group for Mutual Recognition and Decentralised Procedures - Human
[6] Pharmacovigilance Inspectors Working Group
[7] Good Manufacturing Practice/Good Distribution Practice Inspectors Working Group
[8] Trial Master File

3. Inspections conducted in support of the centralised procedure and under national programmes

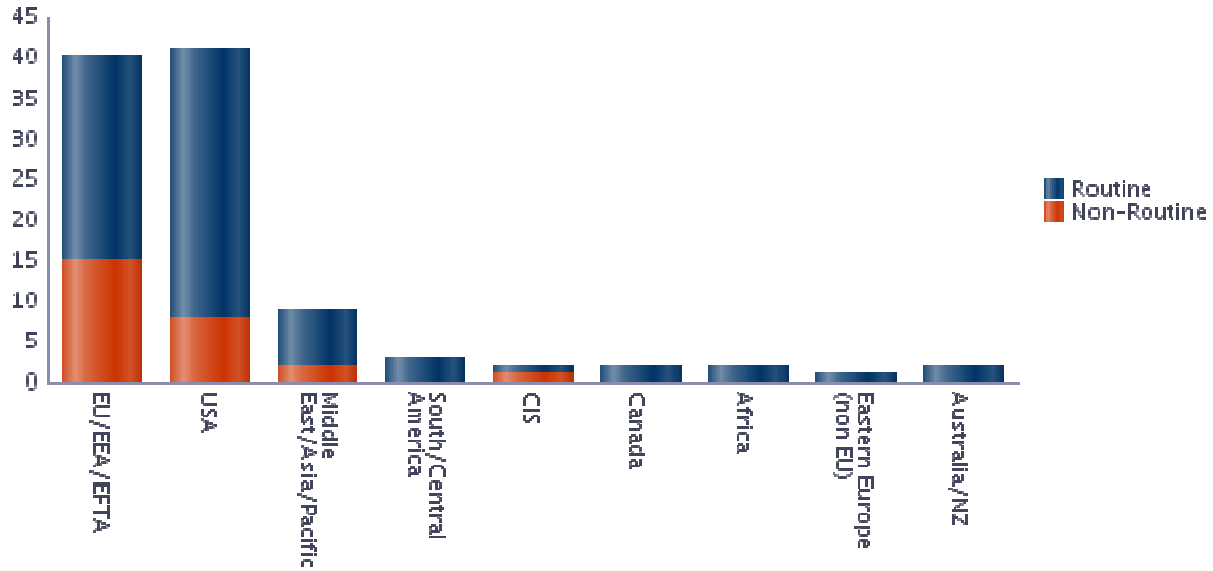
3.1. CHMP requested inspections

3.1.1. General overview

In total, 102 GCP inspections were requested by CHMP and carried out by the inspectorates of the EU Member States in 2017. However, it should be noted that several inspections requested in the last 3 months of the year 2016 were conducted in 2017 and some inspections requested in the last 3 months of 2017 will be carried out in 2018. The data in this report relates to inspections carried out in 2017.

In figure 1, the number of inspections carried out in 2017 is shown by region and type of inspection. Most inspections were carried out in the USA (40%) followed by inspections in the EU/EEA[9]/EFTA[10] (39%) and the Middle East/Asia/Pacific (9%).

Figure 1: Inspections conducted per region and type of inspection.



[9] European Economic Area
[10] European Free Trade Association

Table 1: Number of inspections conducted per region and type of inspection.

Region	Non-Routine	Routine	Total
USA	8	33	41
EU/EEA/EFTA	15	25	40
Middle East/Asia/Pacific	2	7	9
South/Central America	0	3	3
CIS[11]	1	1	2
Africa	0	2	2
Canada	0	2	2
Australia/New Zealand	0	2	2
Eastern Europe (non-EU)	0	1	1
Total in all regions	**26**	**76**	**102**

Figure 2: Inspections conducted per type of site.

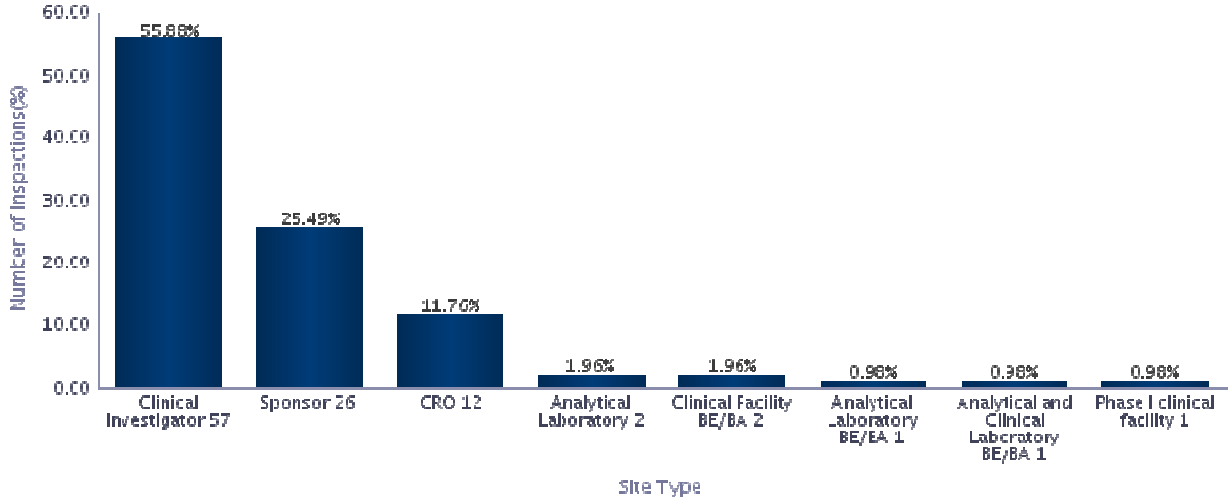


Figure 2 represents the number of inspections conducted in 2017 per type of site. Most of the inspections were conducted at the clinical investigator sites, followed by the sponsor site, CRO, analytical laboratory, clinical facility of BE/BA studies and analytical laboratory of BE/BA.

3.1.2. Categorisation of findings

A total of 979 deficiencies, comprising 72 critical (7.0%), 514 major (53%) and 393 minor (40%) were recorded for the 102 CHMP requested inspections conducted in 2017.

The main findings observed in the 2017 inspections are detailed below in accordance with the GCP categorisation of findings agreed by the GCP IWG.

[11] Commonwealth of Independent States

Figure 3.a: Number of findings with regard to the main categories graded by critical, major and minor.

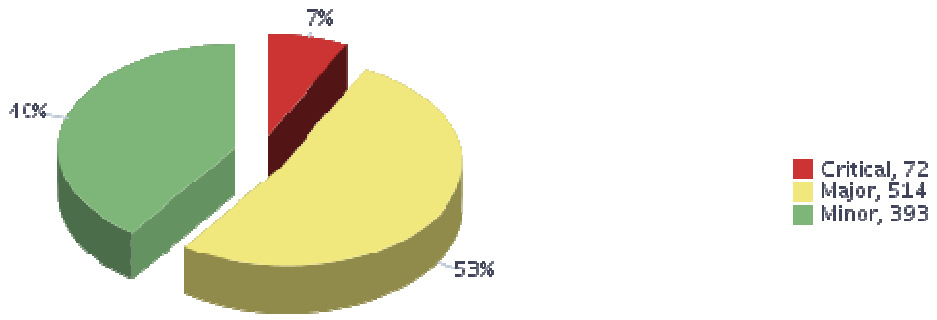


Figure 3.b: Number of findings with regard to the main categories graded by critical, major and minor.

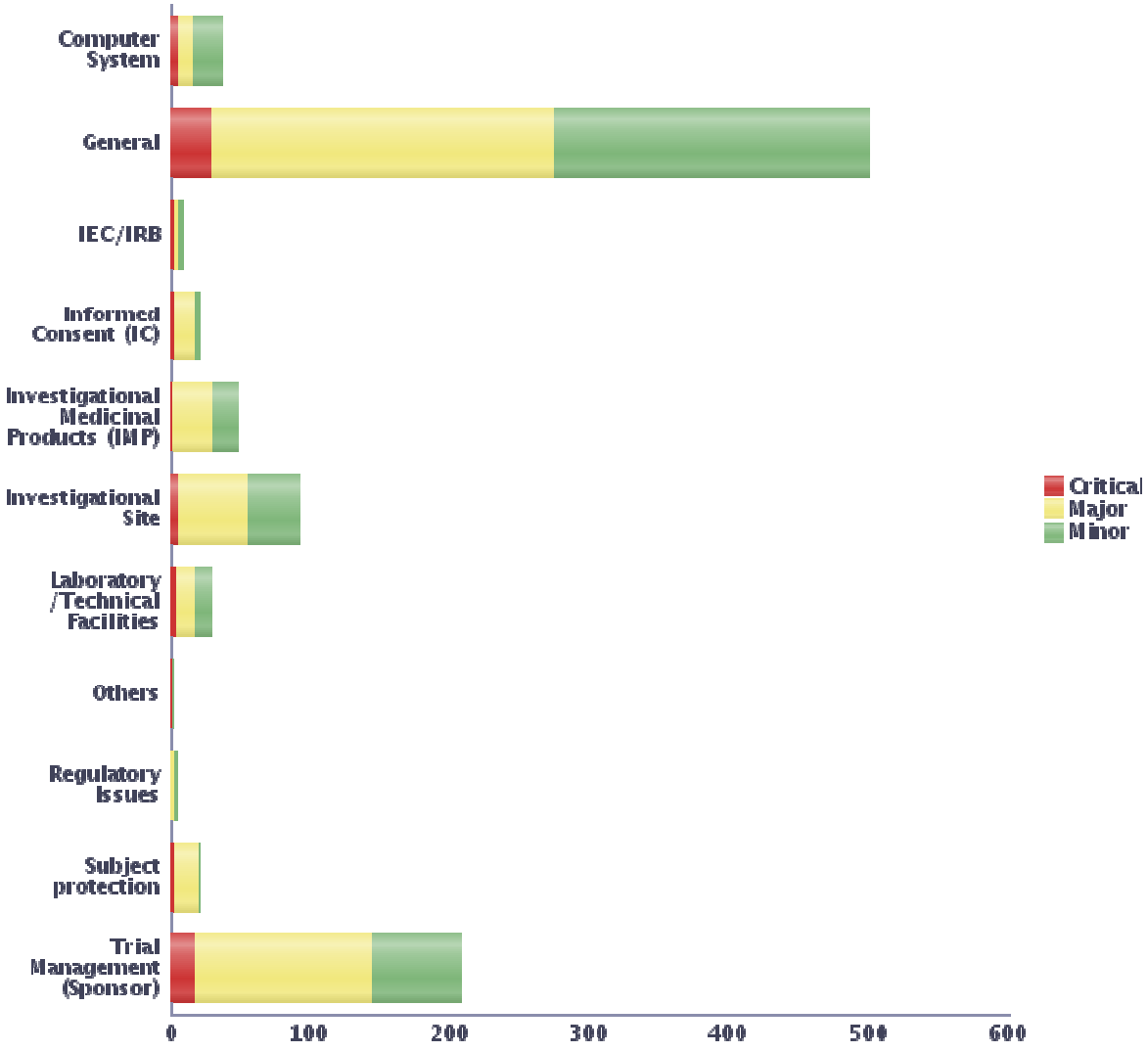


Table 2: Number of findings per sub-category of the top 3 main categories (general, trial management and investigational site) graded by critical, major and minor.

Number of findings per sub-category of the top 3 main categories (general, trial management and investigational site) graded by critical, major and minor					
		# Inspected deficiencies			# Inspected deficiencies total
Deficiency category name	**Deficiency sub-category name**	**Critical**	**Major**	**Minor**	
General	Contracts/agreements	1	19	20	40
	Direct access to data	5	6	3	14
	Essential documents	12	95	83	190
	Facilities and equipment	1	3	4	8
	Organisation and personnel	-	15	8	23
	Qualification/training	3	23	21	47
	Randomisation/Blinding/Codes IMP	-	5	2	7
	Standard Operating Procedures	1	33	26	60
	Source documentation	7	45	60	112
General total		**30**	**244**	**227**	**501**
Trial management (sponsor)	Audit	2	2	4	8
	Clinical Study Report	3	10	5	18
	Data management	6	41	11	58
	Document control	-	14	19	33
	Monitoring	7	34	16	57
	Protocol/Case Report Form/diary/questionnaires design	-	15	9	24
	Statistical analysis	-	10	1	11
Trial management (sponsor) total		**18**	**126**	**65**	**209**
Investigational site	Protocol compliance (assessment of efficacy)	-	1	1	2
	Protocol compliance (others)	1	11	9	21
	Protocol compliance (safety reporting)	1	20	10	31
	Protocol compliance (selection criteria)	2	12	4	18
	Reporting in CRF/diary	1	7	14	22
Investigational site total		**5**	**51**	**38**	**94**

Examples of cross section (critical, major, minor) findings in the top sub-categories of the main three categories "general", "trial management" and "investigation site" are listed below:

General

Essential documents:

- Lack of essential documents, e.g. receipt of IMP[12] shipment to site, records of blood samples shipment to the central laboratories;
- Incomplete documentation, e.g. incomplete screening list;
- Lack of contemporaneous independent copy of the CRF[13] filed on site.

Source documentation:

- Discrepancies between source data and data reported in the CSR[14];
- Missing source documents;
- Lack of document specifying location of source data.

Qualification/training:

- Incomplete training documentation;
- Lack of training of study personnel on trial related procedures.

SOPs[15]:

- Lack of evidence that sponsor SOPs have been followed and used;
- SOPs not updated as required;
- Sponsor failure to implement an efficient quality management system.

Contracts/agreements:

- Incomplete contracts in place;
- Responsibilities not clearly defined;
- Lack of consistency between contract and protocol.

Organisation and personnel:

- Incomplete site personnel signature log;
- Tasks performed by staff not authorised to do so.

Trial management

Monitoring:

- Monitor has not identified number of deficiencies on site;
- Inadequate monitoring activities performed at site;
- Lack of escalation process to resolve issues identified by monitor;
- Monitor not following monitoring plan.

[12] Investigational Medicine Product
[13] Case Report Form
[14] Clinical Study Report
[15] Standard Operating Procedures

Data management:

- Inappropriate system for reporting protocol violations;
- Laboratory reports were submitted late to the site;
- Data management activities were only undertaken after the clinical conduct of the trial was completed;
- The decisions made by the DSMB[16] were not communicated to the site.

Clinical study report (CSR):

- Inconsistencies between source data and data reported in the CSR;
- Inaccurate information reported in CSR;
- Relevant information missing in the CSR.

Protocol/CRF[17]/diary/questionnaires design:

- Insufficient design of the study protocol, e.g. no instructions related to concomitant medication or unscheduled visits;
- The design of the CRF is not suitable to accurately collect the data specified within the protocol.

Document control:

- Lack of version/date on the document;
- Late introduction of amendments in the study.

Investigational site

Reporting in CRF/diary:

- Several discrepancies between source data such as medical history, concomitant medication etc. and the CRF for a sample of subjects;
- Corrections on CRF not signed and dated;
- Data not reported in CRF in a timely manner.

Protocol compliance (safety reporting):

- Not all adverse events reported to the sponsor as required per protocol;
- Instructions for SAE[18] follow-up reports not followed;
- Inadequate SAE documentation and reporting.

Protocol compliance (others):

- IMP and concomitant medication protocol deviations;
- Protocol visits were not performed within the visit windows specified in the protocol;
- The sponsor established and used a system of prospectively accepting deviations from the protocol;
- Insufficient maintenance of blinding of IMP.

[16] Data Safety Monitoring Board
[17] Case Report Form
[18] Serious Adverse Event

Protocol compliance (selection criteria):

- Violation of a number of inclusion criteria for some patients;
- Final decision about eligibility not always documented in hospital records.

Table 3. Findings graded by critical, major and minor per site type.

Inspection Site Type	Critical	Major	Minor	Findings	Findings (%)
Clinical Investigator	2.5%	27.6%	27.0%	**558**	**57.1%**
Sponsor	3.7%	18.5%	8.8%	**303**	**31.0%**
CRO	0.6%	3.4%	2.2%	**61**	**6.2%**
Analytical Laboratory	-	0.6%	0.6%	**12**	**1.2%**
Clinical Facility BE/BA	0.2%	1.0%	0.6%	**18**	**1.8%**
Analytical Laboratory BE/BA	0.2%	0.3%	0.4%	**9**	**0.9%**
Analytical and Clinical Laboratory BE/BA	0.2%	1.1%	0.2%	**15**	**1.5%**
Phase I clinical facility	-	-	0.3%	**3**	**0.3%**
Grand Total	**7.4%**	**52.5%**	**40.1%**	**979**	**100.0%**

Figure 4: Findings graded by critical, major and minor per site type.

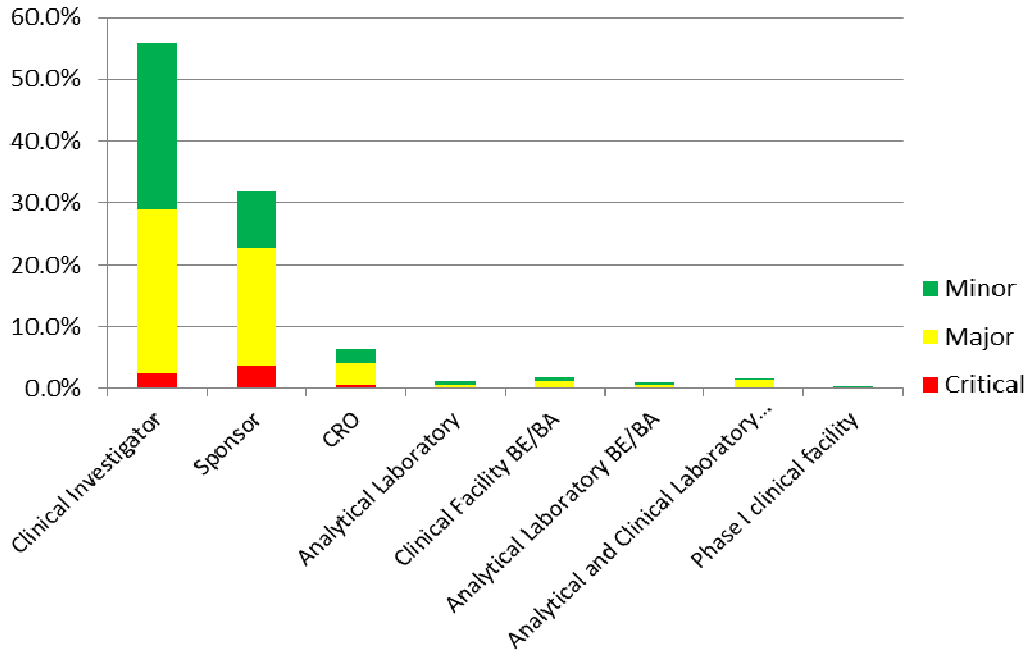


Figure 4.a: Number and categorisation of findings at clinical investigator sites.

Figure 4.b: Number and categorisation of findings at sponsor site.

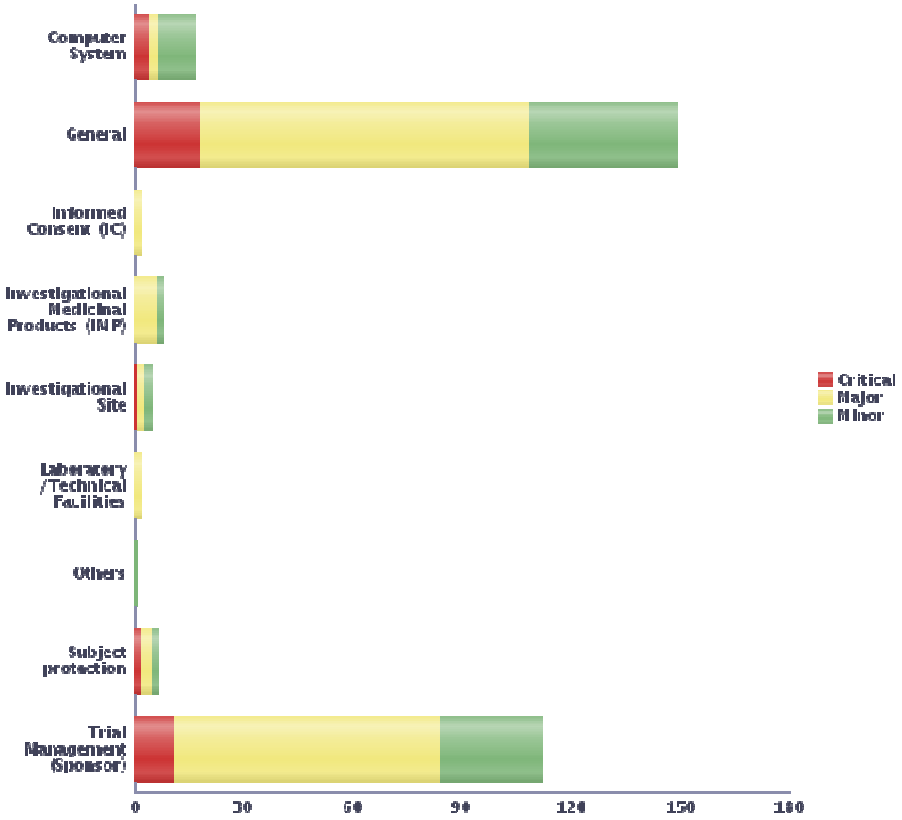
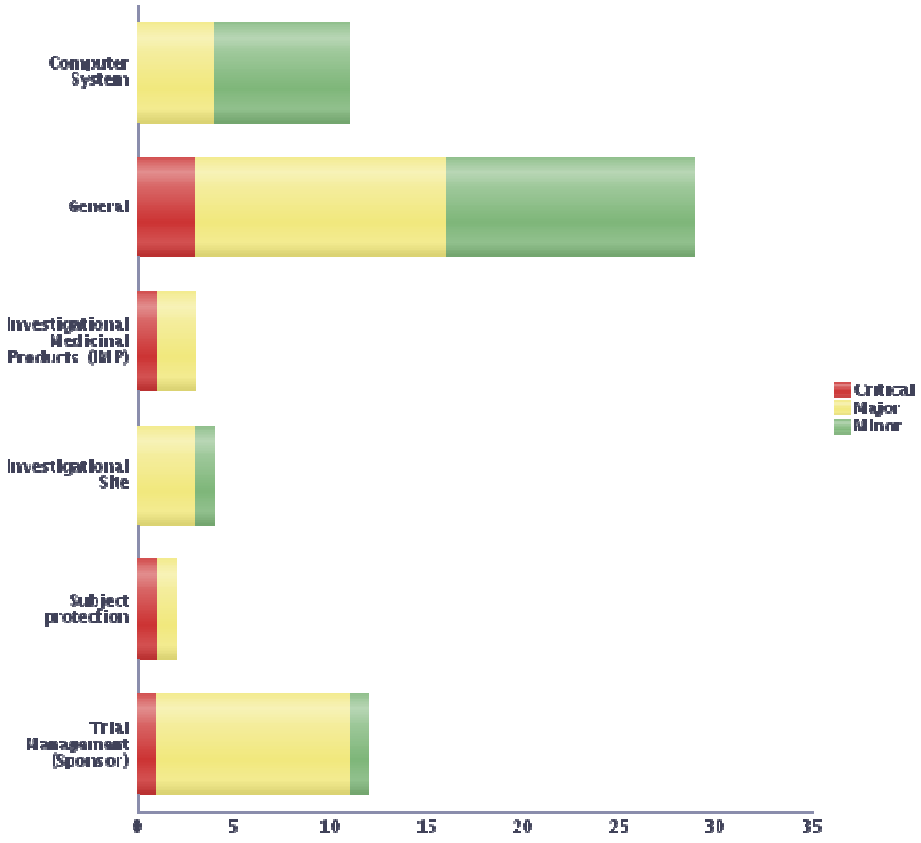


Figure 4.c: Number and categorisation of findings at CRO site.



3.2. GCP inspections performed under national programmes

The CHMP GCP inspections are just a small part of the total number of inspections performed by the EU/EEA inspectors as there are many others performed as part of their national programmes in the following contexts:

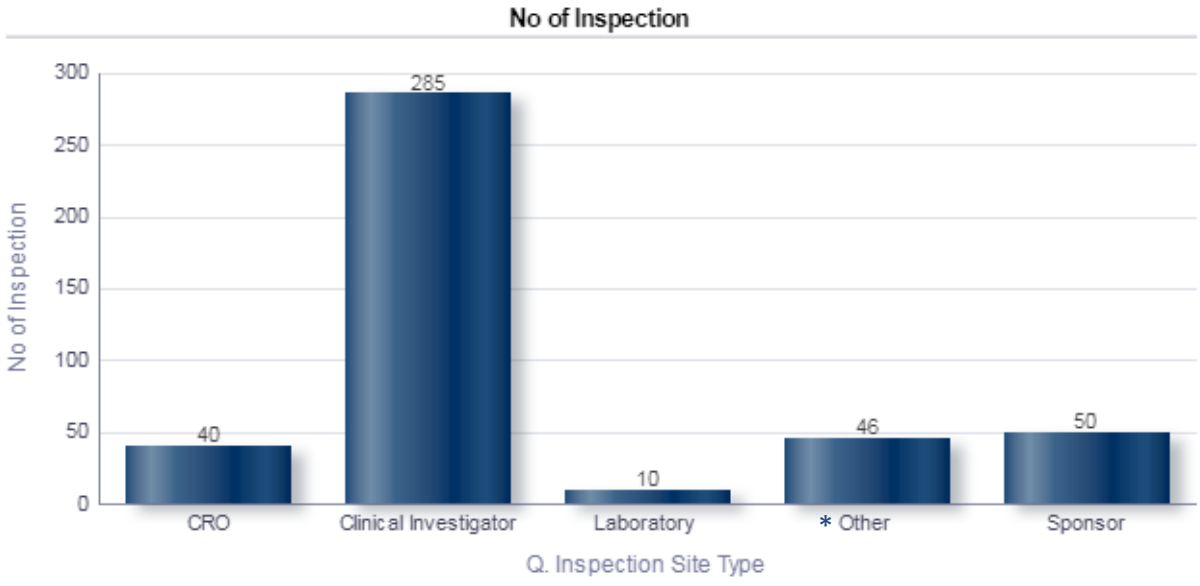
- Oversight of the conduct of clinical trials in Europe;
- Marketing authorisation applications (MRP[19], DCP[20] or national procedures).

The following statistics are based on information obtained from EudraCT[21] and include the CHMP requested inspections.

Table 4: Inspections conducted per region.

Region	Number of inspections conducted in 2017
EU/EEA	376
North America	35
Rest of the world	29
Total in all regions	**440**

Figure 5 Number of inspections conducted per type of site.



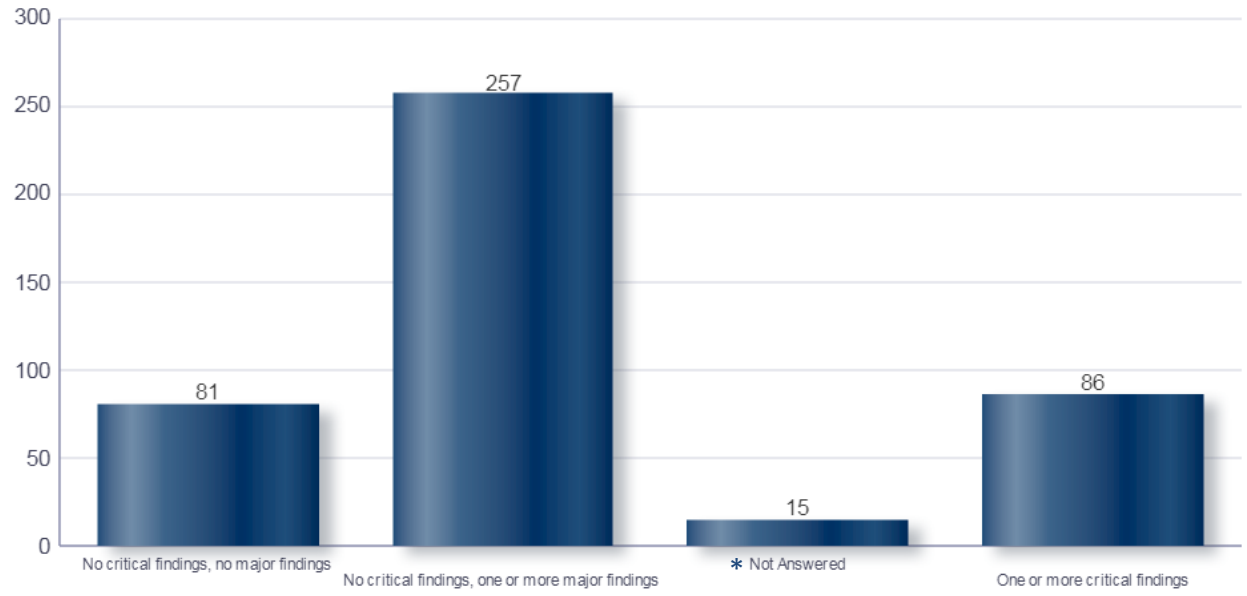
** The information has not been provided in EudraCT*

[19] Mutual Recognition Procedure
[20] Decentralised Procedure
[21] European Clinical Trials Database

Table 5: Trial specific vs. non-trial specific conducted inspections.

Type of inspections	Number of inspections conducted in 2017
Trial specific	266
Not answered	34
Non-trial specific	140
Total	**440**

Figure 6: Inspection outcome in relation to the number of critical and major findings.



** The information has not been provided in EudraCT*

4. Harmonisation topics

4.1. Procedures and guidance documents

- The GCP inspectors contributed to the revision and finalisation of the following GCP inspection procedures and guidance documents available in EudraLex Vol 10:
  - Guidance for the preparation of good clinical practice inspections;
  - Guidance for the conduct of good clinical practice inspections with Annexes I-VII (except III and V);
  - Guidance for the preparation of good clinical practice inspection reports and communication of inspections findings;
  - Guidance for coordination of GCP inspections and co-operation between GCP inspectors, the reference and concerned member states and CMD(h), in the context of the evaluation of the

GCP compliance of marketing authorisation applications for mutual recognition and decentralised procedures;

- Risk proportionate approaches in clinical trials.

  https://ec.europa.eu/health/sites/health/files/files/eudralex/vol10/2017_04_25_risk_proportionate_approaches_in_ct.pdf

- The GCP inspectors contributed to the revision and finalisation for public consultation of the following documents:
  - Guideline for the notification of serious breaches of Regulation (EU) No 536/2014 or the clinical trial protocol;
  - Guideline on GCP compliance in relation to trial master file (paper and/or electronic) for content, management, archiving, audit and inspection of clinical trials.
- The GCP inspectors, in collaboration with the GMDP IWG[22] and the European Commission, contributed to the development of the following document to be published for public consultation:
  - Guideline on the responsibilities of the sponsor with regard to handling and shipping of investigational medicinal products for human use, in accordance with good clinical practice and good manufacturing practice.
- The GCP inspectors continued working on the following documents:
  - Guideline on Electronic Systems and Electronic Data in Clinical Trials.
  - Detailed guideline on good clinical practice for advanced therapy medicinal products.
  - Procedure for the management of serious breaches by the EEA MSs23, including their assessment and the appointment of a lead MS.
  - Procedure for EMA coordination of the cooperation between MSs concerning inspections conducted in MSs, in third countries and inspections conducted in the framework of an application for a marketing authorisation under regulation (EC) no 726/2004.
  - Guidance for EU MSs on the redaction of IRs to be loaded in the EU portal and database.

Note: It was agreed to temporarily suspend the revision of the document on 'Recommendations on the qualification of inspectors verifying compliance in clinical trials with the provisions of good clinical practice' as the main aspects are covered in the Commission Implementing Regulation (EU) 2017/556 of 24 March 2017, on the detailed arrangements for the good clinical practice inspection procedures pursuant to Regulation (EU) No 536/2014 of the European Parliament and of the Council.

4.2. Inspection cooperation

- Cooperation between the EU/EEA Member States:

  In 2017 the majority of the inspections requested by the CHMP were joint inspections involving inspectors from at least two Member States. However, 7 inspections were carried out by one Member State only.

[22] Good Manufacturing Practice/Good Distribution Practice Inspectors Working Group
[23] Member States

- Cooperation with third countries:

  Observers from countries outside the EU have always been invited to observe the EU GCP inspections performed in those countries in the context of the centralised procedure. In 2017, out of the 62 inspections performed outside the EEA, at least 12 GCP inspections requested by the CHMP were observed by third country regulatory authorities, including USA, Japan, Canada, Brazil and Bosnia and Herzegovina. During 2017, 20 inspections were performed collaboratively with the US-FDA and 2 with PMDA.

4.3. GCP training and development

4.3.1. 2017 EU GCP Inspectors Working Group Workshop

In 2017 the EU GCP Inspectors' Working Group workshop took place in Budapest (Hungary) on 03-05 October 2017. Participants included 96 inspectors from the EU/EEA/EFTA and third countries (Austria, Belgium, Bosnia and Herzegovina, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Japan, Kenya, Latvia, Lithuania, Malaysia, Malta, Moldova, the Netherlands, Norway, Poland, Saudi Arabia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, Ukraine, United Kingdom and USA).

The 2017 workshop lasted for two and a half days and covered the following topics:

- Sponsor site inspections:
  - Centralised monitoring.
  - Computer system validation.
- Difficulties when performing un-announced GCP inspections.
- GCP international collaboration:
  - GCP inspection in Thailand and ASEAN cooperation on Bioequivalence study.
  - Practical experiences in GCP inspections in Republic of Moldova.
  - Regulatory framework for Malaysian GCP inspection, inspection findings and future collaboration.
- Patient Reported Outcome (PRO)/e-PRO: what to consider during a GCP inspection:
  - PRO/e-PRO: what to consider during a GCP inspection.
- GCP inspections of phase I units:
  - GCP inspections of phase I units - the Italian perspective.
  - GCP inspections of phase I units - the Hungarian perspective.
- Updates on the Clinical Trials Regulation (EU) No 536/2014:
  - Overview of the procedure for authorising clinical trials.
  - EU Portal and Database: developments.
  - Overview of the Implementing Act and transition period.
- GCP inspections of biosimilars - assessors' perspectives:
  - Biosimilars – complex structures, comparable drugs.

  - Biosimilars – Assessor's perspective: Clinical key points.
- Inspections of oncology trials:
  - Two break-out sessions were included with discussion points on the different topics covered in the agenda:
    - Discussions on case studies on centralised monitoring and inspections of computer system validation.
    - Discussions on case studies on inspections of PRO/e-PRO.

Also a poster session was included exposing posters prepared by participants from third countries.

4.3.2. 2017 EU GCP bioequivalence inspections forum

A bioequivalence forum took place in Budapest (Hungary) in the afternoon of the 05 October 2017. 23 participants including mainly BE senior inspectors from EU/EEA and US FDA[24] were present. The following topics were covered:

- Data integrity (aspects to be considered for early signal detection).
- Statistic applied to BE trials.
- e-CRF and other electronic systems.
- Inspections of Ligand Binding Assays (in particular ELISAs25).

4.3.3. Online GCP inspectors' basic training course

In 2017, the EMA online GCP inspectors' basic training course was announced to inspectors from EU/EEA and third countries. 121 participants of the online course included representatives from the European Commission and the WHO, as well as inspectors from Brazil, Canada, Czech Republic, Denmark, Estonia, Germany, India, Italy, Kenya, The Former Yugoslav Republic of Macedonia, Malaysia, Mexico, Nigeria, Peru, Poland, Romania, Saudi Arabia, Singapore, Sweden, Tanzania, Thailand, Uganda, Ukraine, United States, Zambia and Zimbabwe.

Two webinars took place on:

- 16 May 2017 with the participation of 14 EU inspectors;
- 17 May 2017 with the participation of 24 non-EU inspectors.

These webinars were organised and chaired by the Agency and 5 senior EU GCP inspectors from SE, DE, NL, PL and ES who coordinated and led the different sessions. A number of general questions were discussed, as well as the specific exercises which were sent to the participants in advance of the webinar.

Following the webinar the participants were asked to complete a quiz and certificates were issued to those who passed. The course will remain accessible to non-EU inspectors.

4.3.4. Online BE inspectors' basic training course

In 2017, the EMA online BE inspectors' basic training course was available for the first time. The number of active participants was 37 from 15 different EU MS: Austria, Croatia, Denmark, Estonia,

[24] US Food and Drug Administration
[25] Enzyme Linked Immunosorbent Assay

Finland, Germany, Greece, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Romania and Spain.

One webinar was held on 8 March 2017. Total of 24 participants attended the webinar.

This webinar was organised and chaired by the Agency and 4 senior BE GCP inspectors from France, Spain, Italy and the United Kingdom who coordinated and led the different sessions. A number of general questions were discussed as well as the specific exercises which were sent to the participants in advance of the webinar.

Following the webinar the participants were asked to complete a quiz and certificates were issued to those who passed.

4.3.5. GCP IWG meetings

During the GCP IWG meetings held in 2017, the following topics were addressed:

- Preparing for the implementation of the Clinical Trials Regulation (EU) No 536/2014 by providing expert support to the European Commission on GCP related matters and inspections.
- Revising the current, and developing new, EMA GCP inspection procedures and guidelines in relation to the implementation of the new Clinical Trials Regulation.
- Discussion on future Commission Union controls.
- Update on EU Portal and Database development.
- Modernisation of ICH E8 and the sub-consequent renovation of ICH-E6.
- Discussion on data integrity.
- Discussion on e-source data/EDC and organisation of the joint meeting with stakeholders.
- Update from GMDP IWG.
- Discussions on EU and USA privacy shield.
- Discussion and development of peer review of product/company inspection related issues (bioequivalence and non-bioequivalence studies).
- Developing and monitoring opportunities for joint inspections.
- Discussion and response to queries received from stakeholders.
- Discussion on how to optimise the use of inspection resources.
- Update on EudraCT issues.

5. Topics of interest

- The group discussed the outcome of the following meeting with stakeholders:
  - Joint meeting with interested parties on topics related to e-source data/ EDC tools in clinical trials, which took place on 12 June 2017.
- The group finalised two Questions and Answers (Q&As) published on the EMA website on:
  - What are the pitfalls to be aware of regarding contractual arrangements with vendors for electronic systems in connection with clinical trials?

  - What should be considered when transferring copies of medical records to clinical trial sponsors or their service providers?

- The group worked on Q&As, which included the following topics:
  - Procedures related to the conduct of the clinical trials performed at subjects' home (e.g. dispensing IMPs);
  - Contractual arrangements between sponsors and third parties on clinical trial activities;
  - Level of validation needed on e-Systems;
  - Safety reporting in clinical trials.

6. Collaboration with European Commission

6.1. Clinical trial legislation and related guidance documents

The group was regularly updated at its meetings by the European Commission on the progress of the following texts:

- Development of the Commission Implementing Regulation (EU) 2017/556 of 24 March 2017, on the detailed arrangements for the good clinical practice inspection procedures pursuant to Regulation (EU) No 536/2014.
- Delegated Regulation (EU) No 2017/1569 of 23 May 2017, on principles of and guidelines for good manufacturing practice for investigational medicinal products for human use and arrangements for inspections, pursuant to the first subparagraph of Article 63(1) of Regulation (EU) No 536/2014.
- Detailed Commission guidelines on good manufacturing practice for investigational medicinal products, pursuant to the second subparagraph of Article 63(1) of Regulation (EU) No 536/2014.
- Good manufacturing practice for advanced therapy medicinal products pursuant to Article 5 of Regulation (EC) No 1394/2007.

6.2. EudraCT database

The new features of EudraCT version 10.4 were released during 2017 (28 September 2017) fixing technical issues as well as enhancing new features in the results data model.The importance to update EudraCT with data on EMA and national GCP inspections in a timely manner was emphasised at a number of meetings.

6.3. EU portal and database

During the GCP IWG meetings the inspectors were regularly updated on the status of the development of the new EU portal and database. A GCP IWG subgroup has been involved in the preparation of the functional aspects of the EU portal and database, in particular in relation to gathering the business requirements for the inspection module and working on the process to handle serious breaches to be reported by clinical trial sponsors. The inspectors are expected to be involved in a later stage in the testing of the EU Inspection Module.

6.4. EU enlargement

Bosnia and Herzegovina, Kosovo under UNSC Resolution 1244/99, The Former Yugoslav Republic of Macedonia, Montenegro and Serbia attended the GCP IWG meetings held in 2017 as observers.

6.5. Regulation on advanced therapies

The GCP IWG continues with the monitoring of the implementation of GCP guidelines on ATIMPs[26] in clinical trials of advanced therapies.

The subgroup of GCP inspectors/assessors continues working on the revision of the 'Detailed guidelines on good clinical practice specific to advanced therapy medicinal products' (section 4.1).

7. Liaison with other EU groups

7.1. GMP/GDP IWG

The GCP IWG maintains a dialogue with the GMP/GDP Inspectors Working Group on areas of common interest. During 2017 a subgroup of GMP and GCP inspectors discussed the GMP related issues in the Clinical Trials Regulation (EU) No 536/2014 and worked together on the development of the 'Guideline on the responsibilities of the sponsor with regard to handling and shipping of investigational medicinal products for human use in accordance with Good Clinical Practice and Good Manufacturing Practice' (section 4.1).

7.2. PhV IWG

The GCP IWG maintains a dialogue with the Pharmacovigilance Inspectors Working Group on areas of common interest and in particular concerning pharmacovigilance issues observed in relation to GCP inspections.

7.3. CTFG

Collaboration on areas of mutual concern in the area of supervision of clinical trials conducted in the European Union.

7.4. CHMP

The GCP IWG maintains a dialogue with the CHMP on areas of common interest and in particular on matters related to good clinical practice and GCP inspections.

7.5. CMDh

The GCP IWG and the CMDh, mainly through the GCP/CMDh working party, have contributed to:

- the preparation of the 2017 risk-based programme of routine GCP inspections of the CROs most often used in the conduct of bioequivalence trials included in a marketing authorisation application in the mutual recognition and decentralised procedures;
- the discussion of processes for:
  - CRO inspections coordination,
  - exchange of information on BE trials/CRO inspections,
  - communication of inspection findings,
  - improving the exchange of information between inspectors and assessors,
  - selection of trial/sites for inspection.

[26] Advance Therapies Investigational Medicinal Products

7.6. Heads of Medicines Agencies

See section 7.3.

7.7. Joint meetings with interested parties

A face to face meeting with the stakeholders was held on 12 June 2017 related to e-source data/ EDC tools in clinical trials.

7.8. Paediatric Committee (PDCO)

Communication on inspection issues with the PDCO continued in 2017 with the exchange of information on inspections of clinical trials with a paediatric population.

8. Liaison with international partners

8.1. Regulatory agencies from outside the EEA

- The EMA and the FDA have a collaboration initiative since 2009 in the area of GCP[27]. This collaboration was extended to bioequivalence, together with some of the EU member states[28].
  - During 2017 there were 4 regular teleconferences of the EMA-FDA GCP collaboration, 3 teleconferences as part of the EMA-FDA-MS BE collaboration and 6 teleconferences product/company specific.
  - As part of the EMA-FDA GCP initiative 17 inspections have been observed and 3 have been performed jointly.
  - A total of 23 teleconferences were held with FDA to discuss two projects on comparison of EMA/FDA GCP inspection outcome and a third one on collaboration in the area of Bioequivalence (also with the participation of Health Canada and WHO).
  - Three FDA inspectors attended the Workshop organised by the GCP IWG. Two FDA representatives also attended the BE Forum.
  - During 2017, 68 documents were exchanged, including 33 Inspection Reports.
  - Two FDA CDER representatives took part in the September 2017 GCP IWG meeting. They also contributed to the discussions on GCP and inspection issues during the meeting.
- PMDA[29] (Japan):
  - Two PMDA representatives attended the training organised by the GCP IWG.
  - PMDA joined the FDA-EMA initiative as observers in June 2017 for 18-month pilot phase.
  - PMDA representatives presented to the group the draft document on "Review of Basic Principles on the Reliability of Patients Registry Data".
- Other regulatory agencies:
  - EMA presented the European regulatory process and GCP Inspection processes to representatives from Saudi Arabia in a face to face meeting.

[27] Announcement of the EMA-FDA GCP Initiative
[28] Terms of Engagement
[29] Pharmaceuticals and Medical Devices Agency

- EMA presented the GCP Inspection programme and triggers for selection to Health Canada during a teleconference.

8.2. International initiatives

- PIC/S[30] GCP/PhV working group was formed in July 2014 and reports into the PIC/S Sub-Committee on Expert Circles. The primary purpose of the group is to facilitate technical cooperation and harmonisation of practices (including the development of guidance and training material), capacity building and information sharing in the area of GCP and GVP[31] inspections. The group's membership includes representatives from Argentina, Australia, Belgium, Canada, Chinese Taipei, Denmark, France, Hungary, Israel, Italy, Switzerland, Slovenia and the UK.

  The group also coordinates the PIC/S GCP and GPV joint visit programme, where three visits are carried out by groups of three inspectors from different PIC/S participating authorities over a period of 24 months. The purpose of the visits is to:

  - provide further training for inspectors through the exchange of experience between them,
  - provide the means of harmonising inspection procedures and developing inspection guidance,
  - ensure and maintain mutual confidence between inspectors of PIC/S participating authorities.

  Since its formation, 15 joint visit groups have been set up: 7 for GCP, 7 for Human GPV and 1 for Veterinary GPV. Out of these 15 groups, 8 have completed their cycle of visits and closed, 7 are still open. The JVP groups include participants from 5 EU and 15 non-EU countries.

  During the course of 2017, the group held 2 meetings. During these meetings the group reviewed the conclusions and recommendations from the joint visit reports to identify future project work.

- Capacity building in non-EU countries
  - Some EU inspectors along with the Agency provided mentorship, in 2017, through participation in training courses organised in countries outside the EU/EEA (India and China).

For details of the activities of the GCP IWG for next year see the work plan for 2018.

[30] Pharmaceutical Inspection Cooperation Scheme
[31] Good Vigilance Practice