EUROPEAN COMMISSION
ENTERPRISE and INDUSTRY DIRECTORATE-GENERAL

Consumer goods
Pharmaceuticals

GUIDANCE DOCUMENTS CONTAINING THE COMMON PROVISIONS ON THE CONDUCT OF GCP INSPECTIONS BY COMPETENT AUTHORITIES OF THE DIFFERENT MEMBER STATES

GUIDANCE FOR THE PREPARATION OF GOOD CLINICAL PRACTICE INSPECTION REPORTS

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This document forms part of the guidance documents containing the common provisions on the conduct of GCP inspections. Please check for updates in the Volume 10 of the Rules Governing Medicinal Products in the European Union.
http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol10_en.htm

1 INTRODUCTION

The scope of this document is to provide guidance for the preparation of GCP inspection reports carried out by competent authorities of the different Member States, which may take place on any of the following occasions:

(a) before, during or after the conduct of clinical trials;
(b) as part of the verification of applications for marketing authorisation;
(c) as a follow-up to the granting of authorisation.

The responsibilities set out in this guidance are outlined in the guidance for coordination/co-operation with other organisations involved in assessing Good Clinical Practice requirements. This guidance to preparing for the inspection report may be used in preparing for any type of inspection (see guidance for the conduct of GCP inspections, including its annexes).

2 PREPARING INSPECTION REPORTS

Competent Authorities may choose to report on each inspected site separately, or to produce an overall report encompassing all sites within one common inspection. For example, if multiple site inspections occur within one member state, as part of a single trial, it is acceptable to produce one overall report (e.g. for systems inspection of organisations with related investigator or CRO sites).

2.1 Content and format of IR

The IR should reflect the inspection procedures as described in the Eudralex Volume 10 ”Guidance for the conduct of GCP inspections”. There should be an evaluation of the compliance with national and applicable EU regulations, including Good Clinical Practice, and applicable ethical and scientific standards. The validity and reliability of the data recorded/submitted should be evaluated in accordance with the scope of the inspection. Any major or critical deviations should be addressed. The IR should be printed on paper.

At least the following basic items should be recorded in the IR:

1. Administrative information on what was inspected, where, when and who was present.
2. Reference texts and documents for the inspection.
3. Handling and reporting of data, analyses, inclusion and exclusions of data.
4. Documents reviewed during the inspection, including a summary of the source document verification conducted.
5. Compliance/Non-compliance with national regulations, applicable EU legislation and the principles of GCP.
6. An indication of any opportunity given to the inspectee or other involved party (e.g. investigator, sponsor, applicant) to comment, if and when comments were received, and whether these were accepted or not. This may be included in an appendix to the IR, after the responses have been reviewed.

These items will be described in the IR and the deviations classified as minor, major and critical (see appendix 1 for definitions). Each deviation or, at least critical and major findings, should quote a reference to the applicable legal requirement, for which this non-compliance was identified.

An evaluation of the significance of the deviations should be included. An overall conclusion on whether the conduct, recording and reporting of the trial is acceptable/non-acceptable according to the principles of GCP should be presented. For inspections related to marketing authorisations or completed trials, a recommendation should be given on whether the quality of the reported data allows its use in a marketing authorisation application. Some inspections may be entirely focused on patient’s safety or rights during the active phase of a trial, and may not lead to an assessment in relation to marketing authorisations, or may take place several years after the inspection.

2.2 Preparing the IR

If the inspection is conducted by a team of inspectors, the Lead Inspector is responsible for the preparation of the IR. The IR should be signed by all the participating inspectors/experts or just the Lead Inspector, in accordance with national procedures. In the event of a joint inspection, the agreement with the inspection report should be documented.

For inspections conducted by one inspector, the IR should, if possible, be reviewed by a colleague or a superior as a quality check before being submitted to the inspectee(s), according to the MS Inspectorate's procedures.

The IR should be prepared and sent to the inspectee(s) within a specified time [e.g. 20 to 30 working days] after the completion of the inspection.

The inspectors will consider the responses from the inspectee(s) and will indicate in writing (e.g. as an appendix), whether or not these are acceptable and what impact, if any, they have on the original inspection findings.

Responses to the inspection report may be recorded in other documents associated with the report.

2.3 Forwarding the IR

The report is submitted to the Inspectee and/or the sponsor in accordance with local regulations and the objectives of the inspection. The report can also be submitted, if needed, to the courts, or other authorities where required e.g. in the case of an enforcement action.

During the registration process for a Marketing Authorisation, the report could be submitted to the Marketing Authorisation applicant as well as to the sponsor, where these are different, according to the national regulations.

3 REFERENCES

- Directive 2001/20/EC on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use.
- Directive 2005/28/EC laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such product.
- 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.
- 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.
- EUDRALEX Volume 10 - Clinical trials, of the Rules Governing Medicinal Products in the European Union: http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol10_en.htm

APPENDIX 1: GRADINGS OF FINDINGS

Grading of inspection findings.

1.**Critical**: Conditions, practices or processes that **adversely affect** the rights, safety or well being of the subjects and/or the quality and integrity of data.
Critical observations are considered totally unacceptable.

Possible consequences: rejection of data and/or legal action required

Remark: Observations classified as critical may include a pattern of deviations classified as major, bad quality of the data and/or absence of source documents. Fraud belongs to this group.

2. **Major**: Conditions, practices or processes that might adversely affect the rights, safety or well-being of the subjects and/or the quality and integrity of data.
Major observations are serious deficiencies and are direct violations of GCP principles.

Possible consequences: data may be rejected and/or legal action required

Remark: Observations classified as major, may include a pattern of deviations and/or numerous minor observations.

3. **Minor**: Conditions, practices or processes that would not be expected to adversely affect the rights, safety or well being of the subjects and/or the quality and integrity of data.

Possible consequences: Observations classified as minor, indicate the need for improvement of conditions, practises and processes.

Remark: Many minor observations might indicate a bad quality and the sum might be equal to a major finding with its consequences.

4. **Comments**: The observations might lead to suggestions on how to improve quality or reduce the potential for a deviation to occur in the future.