

Pharmacovigilance Inspection Metrics Report

April 2012 – March 2013

Introduction

During 01 April 2012 to 31 March 2013 the pharmacovigilance inspectorate conducted 55 inspections of Marketing Authorisation Holders (MAHs). Of these:

- 10 inspections were of MAHs who had not undergone a previous MHRA pharmacovigilance inspection.
- 34 inspections were routine re-inspections.
- 9 inspections were triggered due to previous critical findings or in response to specific intelligence.
- 2 inspections were requested by the European Committee for Medicinal Products for Human Use (CHMP).

Of these inspections, 13 were performed in relation to the EMA centrally authorised product inspection programme. At the time of writing, specific data regarding inspection findings relating to 54¹ of these inspections were available for analysis and inclusion in this report.

The table below illustrates the type of MAHs inspected during this period:

	Innovative Pharma	Generics	Other ²
Number of MAHs inspected	23	29	3

Findings identified during inspections are graded as Critical, Major or Other; the definitions of these gradings are included in Appendix I

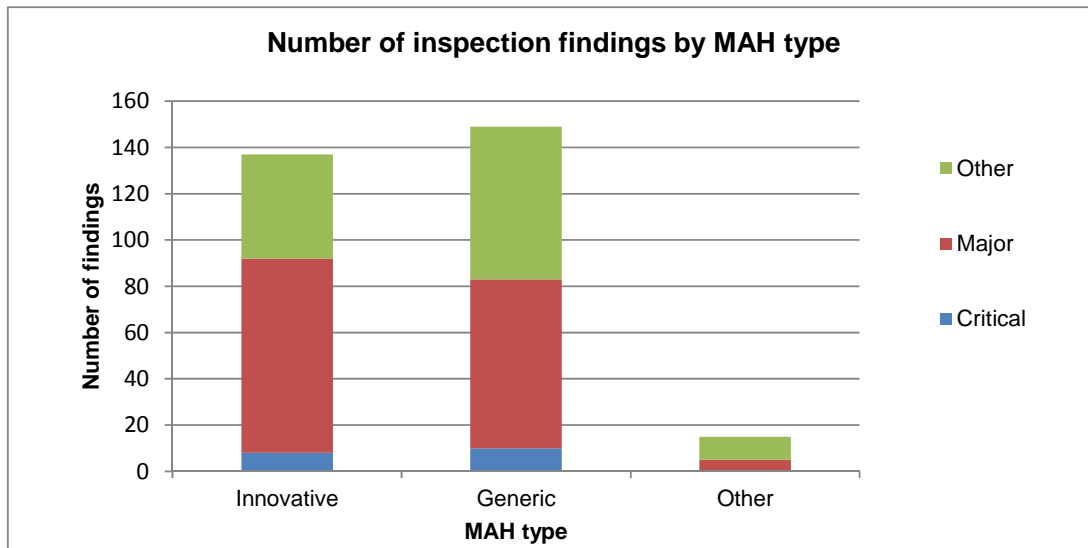
A total of 18 Critical, 162 Major and 121 Other findings were identified in the course of the inspections performed during this period.

¹ Results are not available for one CHMP-requested inspection as the MHRA were not responsible for reporting this inspection.

² Examples of MAH companies classified as 'other' include those marketing mature/established, orphan, niche or herbal products.

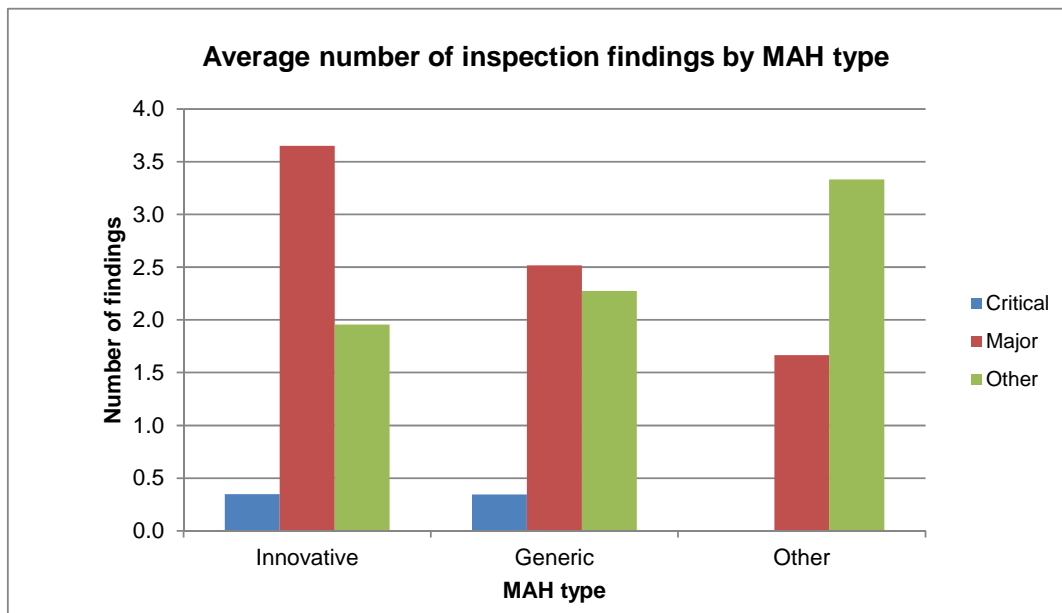
Inspection findings by MAH and inspection type

The graph below displays the number of inspection findings for each type of MAH inspected:

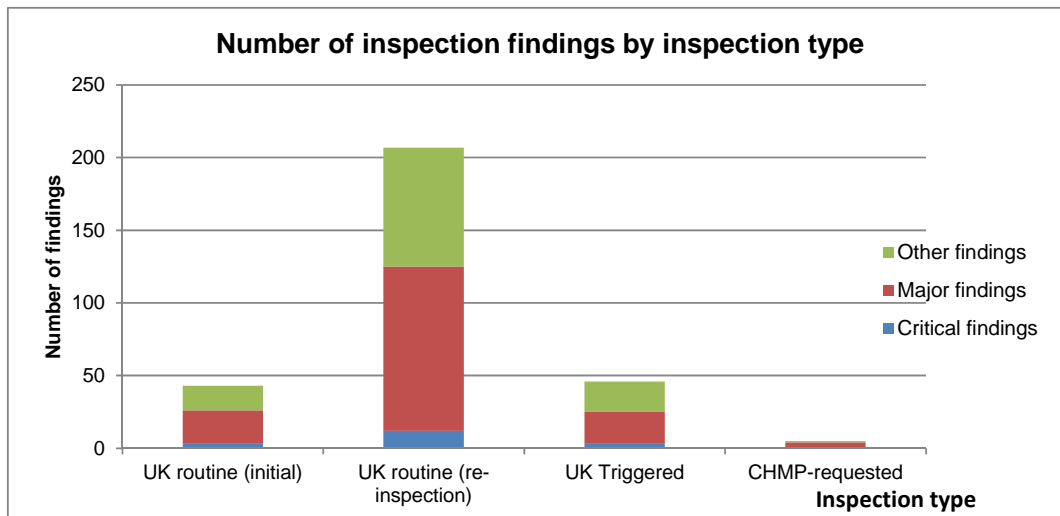


The graph demonstrates that the number of inspection findings and the proportion of Critical, Major and Other findings reported at inspections of both innovative and generic MAHs are largely similar.

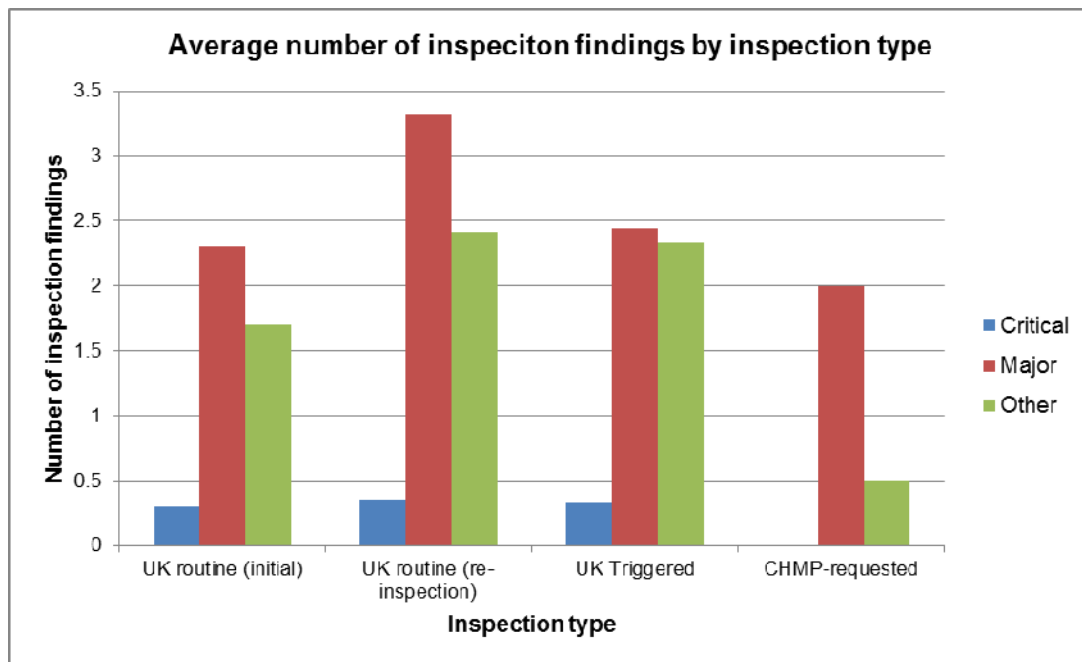
During this reporting period the average number of findings per inspection has been calculated as 0.3 Critical findings, 3 Major findings and 2.2 Other findings. The graph below displays this information based on MAH type:



The number of inspection findings based on the inspection type is displayed below. Definitions of the inspection type are included in Appendix II

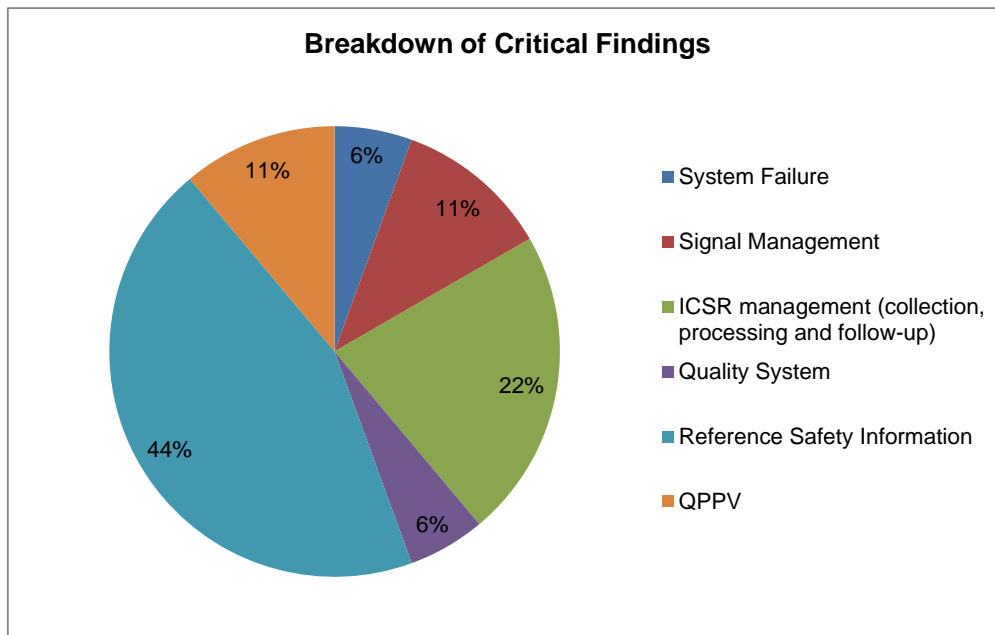


The average number of findings reported by inspection type is displayed in the graph below:



Critical findings

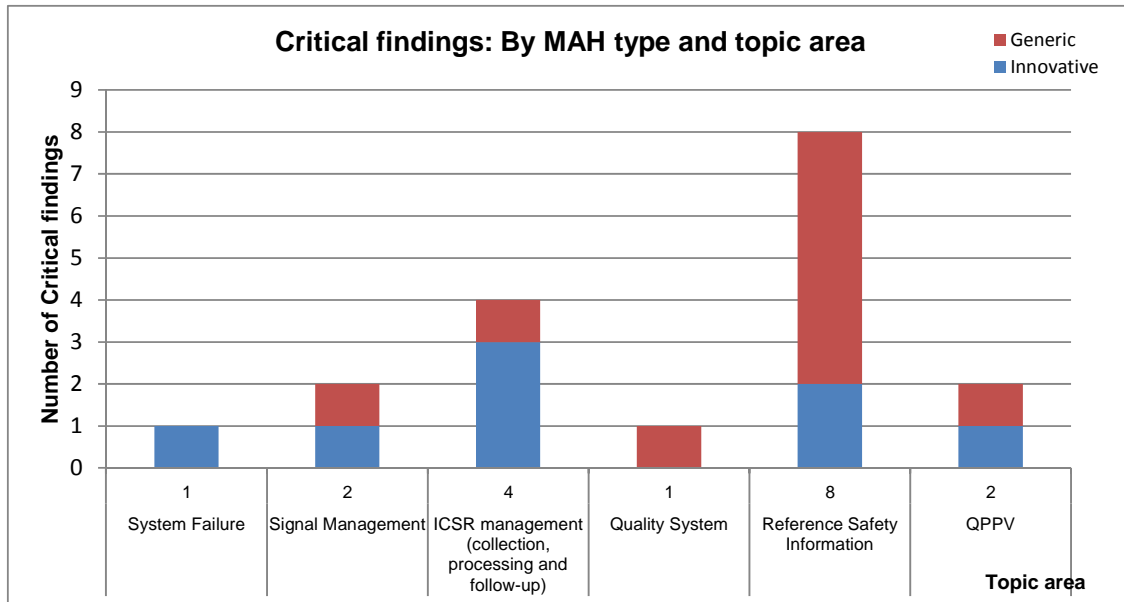
The 18 Critical findings reported were identified during 13 of the 55 inspections that were performed. The graph below details the topic areas where Critical findings were identified.



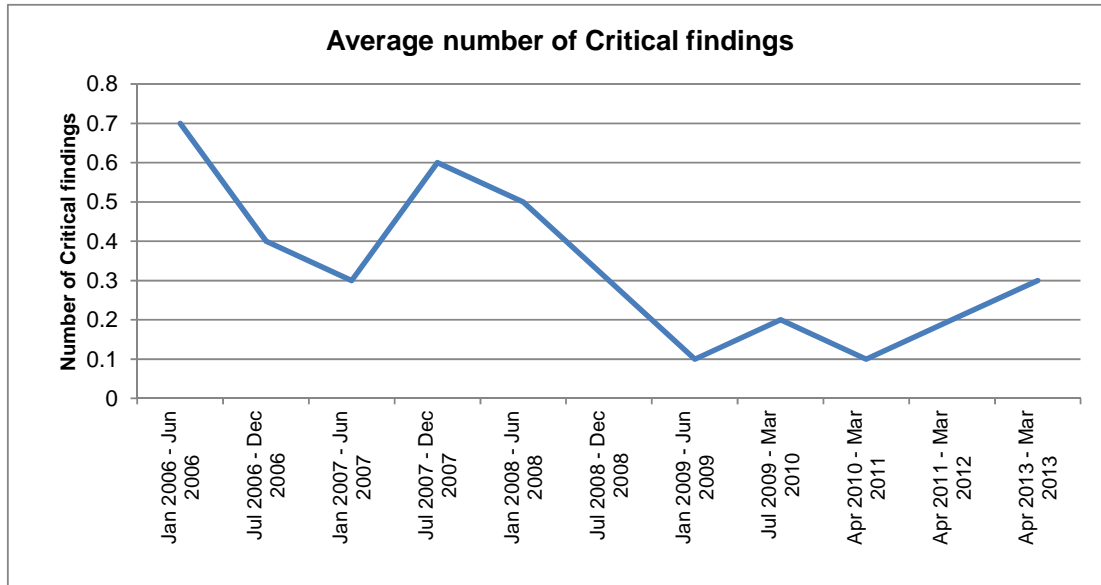
The majority of Critical findings were reported in relation to the maintenance of reference safety information, representing 44% of all Critical findings identified. This is consistent with the metrics from the previous reporting period where the largest proportion of Critical findings were reported in relation to reference safety information activities. In this reporting period Critical deficiencies associated with the collection and management of ICSRs represented the next largest proportion of findings identified (22% of all Critical findings).

Further Critical findings were identified in relation to the responsibilities of the Qualified Person for Pharmacovigilance (EU-QPPV) and signal management. A single Critical finding was reported in relation to a complete system failure and a single Critical finding in relation to the pharmacovigilance quality management system.

The graph below displays the number of Critical findings identified by MAH type.



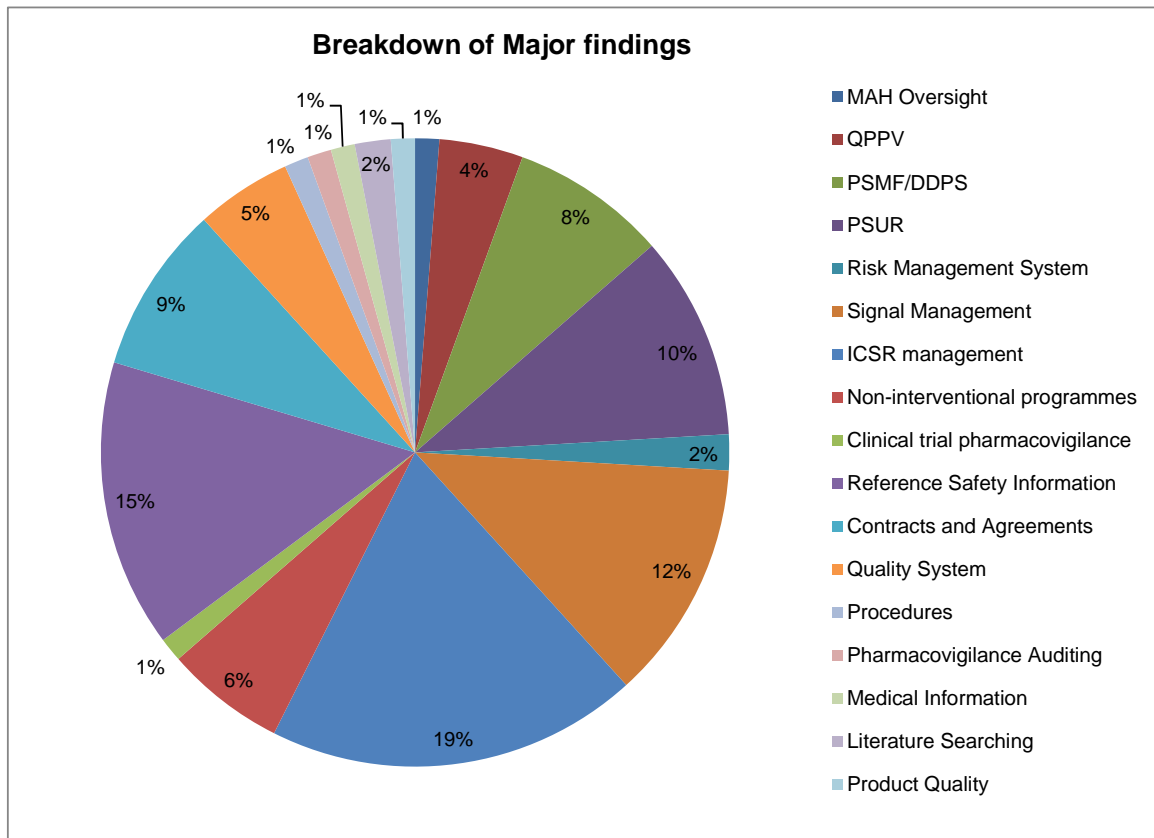
The graph below displays the average number of Critical findings identified per inspection over time:



Major findings

162 Major findings were identified across 50 of the inspections performed in this reporting period.

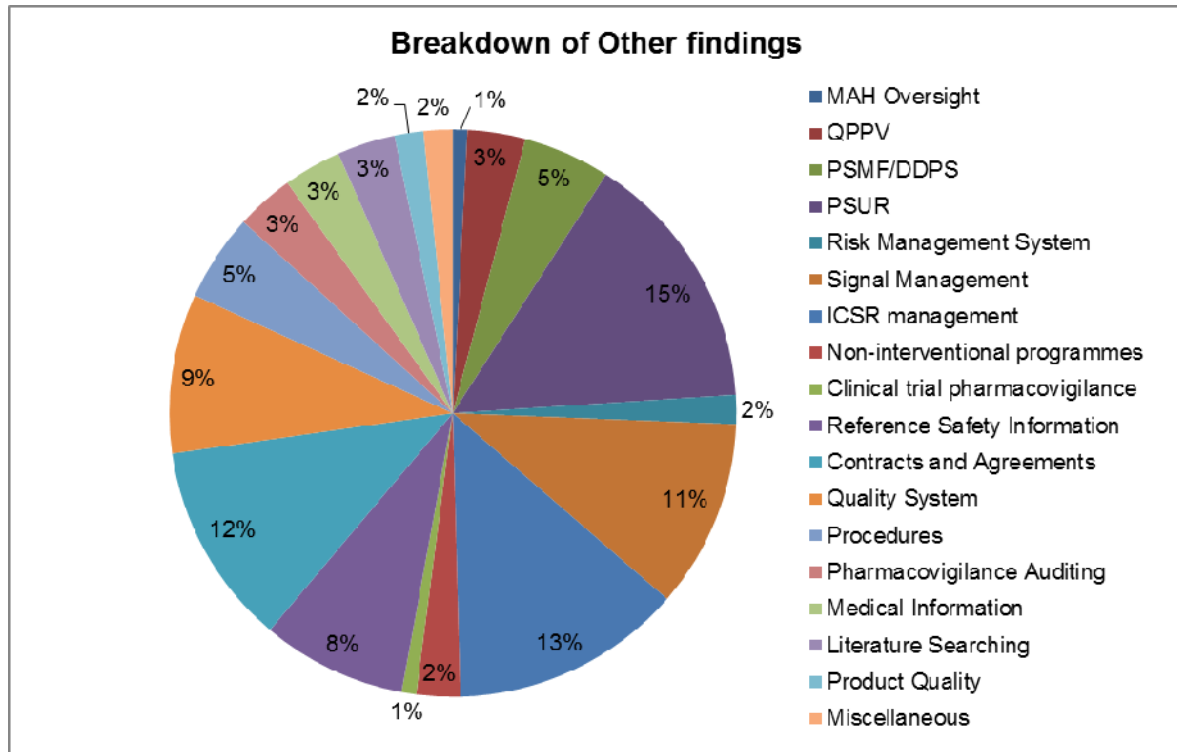
The graph below displays the distribution of Major findings by topic area:



Major findings were identified across 17 topic areas, detailed in the graph above. The largest proportion of Major findings were identified in relation to ICSR Management, representing 19% of all Major findings identified. The five most common topic areas where Major findings were identified (ICSR Management, Reference Safety Information, Signal Management, PSURs and Contract and Agreements) represented in excess of 65% of all Major findings identified.

Other findings

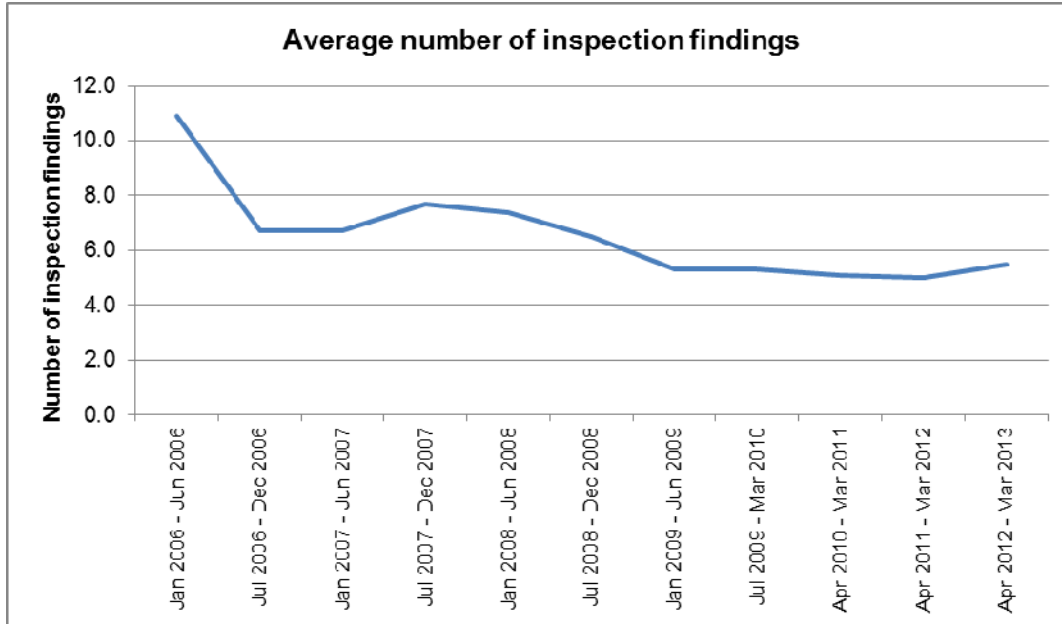
121 Other findings were identified during the reporting period. The graph below displays the distribution of Other findings by topic area:



Other findings were reported across 18 topic areas. The findings classified as miscellaneous referred to those relating to CAPA management and regulatory deficiencies associated with licence transfer.

Average number of inspection findings over time

The graph below displays the average number of inspection findings identified over time:



The average number of findings identified in this reporting period has increased slightly from the last period, but still shows a decrease from the number of findings identified at the beginning of the UK statutory pharmacovigilance inspection programme.

Conclusions

In the period April 2012 to March 2013, the MHRA conducted a total of 55 pharmacovigilance inspections. Approximately 18% of these inspections were of MAHs that had not previously undergone a MHRA pharmacovigilance inspection. The largest proportion of inspections were performed as routine re-inspections (i.e. of MAHs who had previously undergone a pharmacovigilance inspection).

The number of Critical findings identified during this reporting period was slightly lower than the previous period, reporting 18 Critical findings versus 19 in the previous period. The largest proportion of Critical findings remained in the topic area of reference safety information, representing 44% of all reported Critical findings. Critical findings associated with reference safety information were characterised by failures and significant delays to submit safety variations to update the safety sections of SPCs and PILs and failures in the implementation of updated SPCs and PILs following Competent Authority approval.

In July 2012 the revised pharmacovigilance legislation became effective. Whilst a number of trends in the identification of inspection findings can be attributed to the changes introduced (for example the increase in the proportion of Major and Other findings associated with the Pharmacovigilance System Master File and (PSMF)), to date the topic areas representing the largest proportions of inspection findings remain the same as in previous reporting periods.

GPvP Inspectorate, January 2014

Appendix I – Inspection finding definitions

Critical: a deficiency in pharmacovigilance systems, practices or processes that adversely affects the rights, safety or well-being of patients or that poses a potential risk to public health or that represents a serious violation of applicable legislation and guidelines.

Major: a deficiency in pharmacovigilance systems, practices or processes that could potentially adversely affect the rights, safety or well-being of patients or that could potentially pose a risk to public health or that represents a violation of applicable legislation and guidelines.

Other: a deficiency in pharmacovigilance systems, practices or processes that would not be expected to adversely affect the rights, safety or well-being of patients.

Appendix II – Inspection type definitions

UK routine inspection (initial) – this comprises inspections performed according to the national inspection programme and where it is the first MHRA pharmacovigilance inspection of the MAH.

UK routine inspection (re-inspection) – this comprises routine re-inspections of MAHs under the national inspection programme.

UK triggered - these inspections are performed under the national inspection programme and are triggered by either previous critical findings, requests from other MHRA divisions or as a result of other intelligence.

CHMP triggered – inspections requested by the CHMP in response to a specific trigger.